

Bupa Care Homes Limited

# The Polegate 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

The Polegate Care Home is a purpose built location. It is registered to provide accommodation for up to 44 people. Providing care and nursing for people including those who live with a dementia diagnosis. The service also provides support for up to eleven 'non-weight bearing' people who require support and accommodation during a period of respite care.

This was an unannounced inspection which took place on 13 March 2016.

The Polegate Care Home was inspected in December 2015. Three breaches of regulation were identified. Regulation 12, Safe care and treatment, Regulation 10, Dignity and Respect and Regulation 18, Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since this inspection there has been a change to the provider name, however, The Polegate Care Home is still owned by the Bupa Group and the registered manager remains the same. The provider sent us an action plan stating they would have addressed all of these concerns by February 2016. At this inspection we found the provider was meeting the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Polegate Care Home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager was in day to day charge of the home, supported by a clinical lead nurse/ deputy manager. People told us that they felt supported by the management there was always someone available to support them when needed. Staff told us that the registered manager had a good overview of the home and knew everyone well.

People, relatives and staff told us the home was organised and well led. Staff felt supported and encouraged to provide person centred care for people and were motivated to improve people's day to day lives. Staff demonstrated a good understanding of people's needs and displayed kindness, patience and compassion when providing care. Care delivery was person centred and people and their next of kin if appropriate were involved in reviews of their care plans and how care was provided. Staff were prepared to give their own time to support people to attend events or do things that were important to them.

Environmental and individual risks to people were assessed and reviewed. Whilst encouraging people to maintain independence when possible people's choices and wishes were supported. Management and staff had a good understanding of mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff demonstrated a clear understanding of how to recognise and report abuse. Staff treated people with respect and dignity and involved people in decisions about how they spent their time. People were asked for their consent before care was provided and had their privacy and dignity respected. Feedback was gained from people this included questionnaires and regular meetings with minutes available

for people to access.

A full and varied programme of activity was provided. People told us they enjoyed the activities and were supported to stay active and do the things they enjoyed. Information was provided to inform people what had been planned and people were invited to give feedback.

Medicine policies and procedures were in place to ensure people received their medicines safely and all medicine procedures were checked and audited. People told us they received their medicines when they should and staff supported them to stay healthy.

People gave positive feedback about the meals provided. People had a choice of meals and staff knew people's likes and dislikes. People's nutritional needs were monitored and reviewed.

All required maintenance and servicing of equipment had taken place. Fire evacuation plans and personal evacuation procedure information was available in event of an emergency evacuation.

Staffing levels were reviewed regularly to ensure people's needs were met. Robust recruitment checks were completed before staff began work and all new staff completed an induction and training before commencing work. There was a programme of supervision for all staff. Staff told us they valued the regular supervision as it was their opportunity to discuss their development and talk about their role. Staff said communication had improved and staff felt involved in any changes to the way the home provided care and felt their views listened to. Staff had received effective training to ensure they had the knowledge and skills to meet the needs of people living at the service.

A complaints procedure was available for people to access if needed. People told us they would be happy to raise any concerns if needed. People and relatives told us that the registered manager had an 'open door policy' and they could discuss any issues with them if they arose.

There was a system in place to continually assess and monitor the quality of service provided. Audit information was used to continually improve and develop the service.

People were supported to have access to healthcare services and maintain good health. Referrals were made appropriately to outside agencies when required. For example, GP visits and speech and language therapists (SALT). Notifications had been completed to inform CQC and other outside organisations when events occurred.

## 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 living at The Polegate Care Home felt safe and supported.

Medicines policies and procedures were in place to ensure people received their medicines safely.

Staff had a good understanding about how to recognise and report safeguarding concerns.

Risks were identified and managed to help ensure people remained safe.

Staffing levels were regularly reviewed and maintained.

### Is the service effective?

Good 

The service was effective.

Staff had received effective training to ensure they had the knowledge and skills to meet the needs of people living at the service.

Staff felt supported and had regular supervision and appraisals.

People were actively involved in day to day choices and decisions. Management and staff had a good understanding of mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink. Meal choices were provided and people spoke highly about the meals provided.

People had access to healthcare services to maintain good health.

### Is the service caring?

Good 

The Polegate Care Home was caring.

Staff went the extra mile to provide person centred care for

people.

Staff were highly motivated to improve people's day to day lives and had a good understanding of their needs.

People were always treated with dignity and compassion; people's personal choices were valued and supported.

People's privacy and confidentiality was maintained.

Staff knew people very well and displayed kindness, patience and compassion when providing care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care was person centred. People and their next of kin if appropriate were involved in reviews about how care was provided.

A full and varied programme of activity was provided. People were supported to stay active and do the things they enjoyed.

People were involved in choices and decisions made about their care and day to day activities.

A complaints procedure was available for people to access if needed.

### **Is the service well-led?**

**Good** ●

The Polegate Care Home was well led.

There was a registered manager in place who had a full overview of the day to day running of the home.

People, relatives and staff told us the home was organised and well led.

Staff were supported and communication had improved to ensure staff felt involved and their views listened to.

There was a system in place to continually assess and monitor the quality of service provided. Audit information was used to continually improve and develop the service.

People were involved in gaining and providing feedback about

the home. Information fed back was used to make changes and improvements.

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# The Polegate 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 was planned to check 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 which took place on 13 March 2017 and was unannounced.

The inspection team consisted of one inspector and one expert by experience in older people's care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and information and notifications which had been submitted by the home. A notification is information about important events which the provider is required by law to tell us about. We also reviewed any other information that had been shared with us by the local authority and quality monitoring team.

The Polegate Care Home was inspected in December 2015. Where we identified three areas of breach of Regulation. At this inspection we found that The Polegate Care Home was meeting regulation.

We spoke with nine people living at The Polegate Care Home. We spoke with nine staff this included the registered manager, clinical lead and registered nurses, care staff, kitchen, housekeeping and maintenance employees working at the home during the inspection. We also spoke with two visitors and relatives. After the inspection we received further positive feedback from a further staff member, a relative and four healthcare professionals.

Not everyone was able to tell us about their experiences of living at The Polegate Care Home. Therefore we carried out observations in communal areas and throughout the home to see how people were supported throughout the day and during their meals. We looked at care records for three people. This is when we look at care documentation for people to get a picture of their care needs and how these are met. We also looked at documentation in a further two care plans to follow up on specific health conditions and areas of care for

the person, including risk assessments.

Medicine Administration Records (MAR) charts and medicine storage and administration were checked and we read daily records and other information completed by staff. We reviewed three staff files and other records relating to the management of the home, such as complaints and accident / incident recording, quality assurance and audit documentation.

# Is the service safe?

## Our findings

At our last inspection we found we asked the provider to make improvements in relation to ensuring people received safe care and treatment with regards to medicines and to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff at all times. The provider sent us an action plan stating this would be addressed. At this inspection we found that improvements had been made and the home had met these regulations.

Everyone agreed that Polegate Care Home was a 'safe and secure place to live'. One person told us, "At first I did not feel safe but now I do because I know more people, I am used to the carers and nurses who make sure I am safe." And, "I am safe because I am well looked after and no one makes me do anything I don't want to do."

Relatives and visitors to the home told us they had no concerns regarding safety. Relative's said they felt that people's safety was maintained. Professional feedback included that 'The home provided a safe level of care, based on people's on-going welfare needs.'

People who lived at The Polegate Care Home had a range of care and nursing needs. This included people staying for a period of respite care. Some people required less staff input, for example support with mobility, washing, dressing and medicines, whilst others required full assistance from staff for all activities of daily living including personal care, nursing and care needs.

People's needs were assessed and reviewed monthly or more frequently if changes occurred, to ensure that the home could provide safe and appropriate care. Those with reduced mobility had assistance provided by one or two staff as required, for example when using a hoist to assist people to move from a wheelchair to chair. Appropriate equipment was available and this had been regularly maintained to ensure it was safe to use.

Systems were in place to help protect people from the risk of harm or abuse. The registered manager was aware of the correct reporting procedure for any safeguarding concerns. A safeguarding policy was available for staff to access if needed and all staff had received regular safeguarding training. Any issues were discussed daily at meetings attended by a staff member from all departments to ensure everyone was aware if any concerns had been identified or reported. Staff demonstrate knowledge around how to recognise and report safeguarding concerns and told us they would raise any concerns with the Registered Nurse (RN) Clinical lead or go directly to the registered manager. Staff told us they would not hesitate to raise concerns if they needed to and had a clear understanding of the whistleblowing policy and procedure.

When pre admission assessments had been completed any identified issues had led to appropriate risk assessments being completed. As reviews took place or if people's care and nursing needs changed, individual risk assessments were put in place to support people to stay safe, whilst encouraging them to be independent. For example, bed safety, falls, diet and nutritional risk and any other individual risks identified.

There were systems in place to ensure people received their medicines safely. Medicines were administered by RN working on each floor. Carers took responsibility for prescribed creams and documented when these had been applied. People told us, "I receive all my pills at 7am and 9pm. I self-medicate my eye drops and take my vitamin pills as approved by the GP. I couldn't be safer" And, "It's all very well sorted, they look after my medicines and make sure I get things at the right time." "I had some awful pills but they made me better, now I can get up and go in the wheelchair now and I feel very safe"

Policies and procedures were in place to support safe medicine systems. RNs were supported by the clinical lead who was a registered nurse and there were daily checks and reviews of the medicine procedure to ensure that this was done as safely as possible and people had received their medicines correctly. When errors had occurred these were followed up by further checks to make sure staff were following correct procedure. Medicines were regularly audited to ensure all areas of medicine administration were maintained to a safe standard. Medicine Administration Records (MAR) charts were checked to ensure that they had been completed correctly. And RNs documented the start and finish time of each medicines round. We observed medicines being given and saw that this was done following best practice procedures.

Medicine protocols included guidance for 'as required' or PRN medicines. PRN medicines were prescribed by a person's GP to be taken as and when needed. For example pain relieving medicines. PRN guidance identified what the medicine was, why it was prescribed and when and how it should be given. Staff followed clear processes and ensured that PRN medicines were considered, specifically if prescribed for pain relief. People were kept informed of the medicines they had been prescribed by their GP and were involved in any changes and decisions if appropriate.

Medicines and prescribed creams were stored and disposed of safely. Medicines were labelled, dated on opening and stored tidily. Medicine fridge and medicine room temperatures were monitored daily to ensure they remained within safe levels for storage. Medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of following safe disposal procedures. People who were able to self-administer some or all of their medicines had regular reviews carried out to ensure this was safe to continue.

Care plans were detailed and folders included a summary of people's current care needs. This meant staff were kept well informed of people's needs and any changes had been documented and updated promptly. Staff were able to tell us about people's care and support needs.

People's safety was well managed. Incidents and accidents were reported and the registered manager had oversight of any incidents/ accidents or falls that had occurred. Accidents and incidents were discussed during the daily meeting and there was a process in place to ensure the registered manager had oversight when these occurred. A monthly analysis was completed and these were reviewed to look for any trends or themes. The registered manager and staff understood the importance of learning from incidents to facilitate continued improvement within the service. For example if someone had a fall, then this would trigger a review and referral to other outside organisations if appropriate to look at how the person's safety could be supported to prevent further incidents. Equipment was regularly maintained to ensure that equipment in use was safe.

Regular maintenance and environmental checks had been completed. The home had a designated maintenance employee who was available at the home. They were responsible for regular system and equipment checks including water and electrical checks (PAT) testing. Any minor issues were reported to the maintenance employee and we saw that issues were responded to and addressed promptly. Fire evacuation and emergency procedures were displayed around the home. Staff and people had access to clear

information to follow in the event of an emergency. Including Personal Emergency Evacuation Procedures (PEEPS). PEEPS included individual information about people and things which need to be considered in the event of an emergency evacuation. Including mobility, health, and the number of staff required to assist them. There was regular training for both day and night staff and evacuation equipment was located in the building in the event an emergency evacuation was required.

Since the last inspection recruitment had been on-going and The Polegate Care Home now had staff recruited above their baseline number to enable a full staffing quota on all shifts. The use of agency staff had been reduced and this meant that consistency and continuity had been improved for people who lived at the home. People told us that staff were always available when you needed them, telling us, "I can ring my bell and they come quickly, that makes me feel safe." We saw that staff responded to people's requests promptly and although busy at times throughout the day staff worked well as a team providing support and assistance when needed. Staff told us, "Its hard work you are on your feet all day but it's a good job," and, "It's a good team."

There were enough staff to provide appropriate care for people. Staff recruitment records showed appropriate checks were undertaken before staff began work. For example, disclosure and barring service (DBS) checks. A DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. Checks were made that nurses employed by the service had current professional registration and systems were in place to allow on-going monitoring. This ensured as far as possible only suitable people worked at the home. Application forms, confirmation of identity and references were also completed.

## Is the service effective?

### Our findings

The Polegate Care Home was providing effective care which met people's needs. People told us they felt that staff were trained and skilful. One said, "I like the older Carers, they understand me; the younger ones are very good though." Visiting professionals told us that staff and the manager knew people and their needs well.

People were supported to have access to healthcare services and maintain good health. Referrals had been made to other health professionals when required. This included GPs, Speech and Language therapy (SALT), physiotherapy and for sight and hearing checks. Staff were clear that it was their responsibility to ensure that the appropriate professionals were contacted to maintain people's health. For example, referrals to physiotherapy when people's mobility changed, or they experienced falls.

People received care from staff who had knowledge and skills to look after them. There was a training programme which included all essential training for staff. Training took the form of both e-learning and practical sessions. This included training for registered nurses (RN) to maintain skills and competencies, and training for care staff this included dementia, infection control, behaviours that may be challenging and moving and handling. Staff told us they had received all the training they felt they needed and that they were aware that further training and updates were planned, to ensure they could continue to carry out their roles effectively. RN's told us they felt supported to maintain the skills needed to meet people's nursing needs. The provider had worked with RN's when they were required to complete revalidation to maintain their nursing registration. All staff felt that appropriate training was in place and if you identified an area of learning you could discuss this at your supervision or appraisal.

Staff felt supported. One told us, "Things have really improved, its clear now what we need to do and who is responsible." Staff felt that improvements had been made to ensure that information was shared effectively. This kept staff up to date of any changes and ensured they felt involved in the day to day running of the service. Staff were informed of any essential changes during daily meetings and regular departmental or team meetings.

A clear structure was in place to ensure staff received regular supervision from a senior member of staff. All supervision records were then checked and overseen by the registered manager. Annual appraisals were completed in December. These were documented and staff knew when they were due to take place. Staff told us they felt supported by the registered manager and clinical lead and found the supervision was 'a good opportunity to talk about anything you need to.'

When new staff were employed they completed a full week induction. This consisted of some 'off site' learning e-learning and supernumery shifts when new staff shadowed a permanent experienced staff member. New staff were assessed to ensure they had the understanding and skills before they worked unsupervised. They also completed a probationary period which was a flexible timescale dependant on how new staff progressed. This meant staff were adequately supported when they began work at The Polegate Care Home.

Everyone we spoke with was complimentary about the food telling us the meals were 'excellent, and there is a good variety of well-balanced appetising meals'. One person told us, "You could not have better food if you lived in a hotel."

People were provided with support and monitoring with regards to their nutritional needs. When people had poor appetites, been unwell or difficulty with swallowing, staff had monitored people's daily food intake and weights. If there had been any concerns these had been referred to the person's GP or other health professional, for example Speech and Language therapy as appropriate. People's likes and dislikes and any allergies were documented.

The chef and kitchen staff were kept informed of any specific dietary requirements including who required diabetic or pureed meals and any changes to people's preferences or allergies if relevant. A member of the kitchen team attended the daily meeting to ensure any changes or updates could be implemented. There was a displayed menu this included all options and alternatives. Although all staff confirmed that if someone wished to have something different this could be catered for. One person always requested a specific meal choice. The chef had ensured that this was available and the person was happy that this could be provided.

People had their breakfast served in their rooms. Lunch was served in the dining room or people could choose to sit in the lounge or in their rooms. Dining tables were nicely set with tablecloths and condiments available. There was a menu card on each table and people were asked for their meal choice and this was served up by kitchen staff. Meals were well presented and people could request the portion size they wished. Meal times were sociable and interactive. People had chosen to have smaller tables pushed together to make dining a more communal experience. People were seen to chat between themselves and with staff. Staff were available throughout the meal to provide support when needed.

Staff were provided with training around Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. The registered manager and staff demonstrated an understanding of MCA and its aims to protect people who lack capacity and when this might be required. The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests. At the time of the inspection there were no DoLS authorisation requests in progress. People's mental health and wellbeing was assessed and reviewed regularly with liaison between the home and other health professionals if required.

Staff were clear that people were supported to be involved as much as they possibly could. For example, people with a dementia diagnosis were supported to make choices about the clothes they wore, what they ate and how they spent their time. People were involved in decisions regarding their care and support needs. We saw that throughout people's care plans and documentation information had been discussed with them and/or their next of kin if appropriate to ensure people were aware of and felt involved in any decisions or plans set involving them. People told us they could choose when to get up and when to go to bed and how they spent their day. During the inspection we spoke to people who were up and dressed on our arrival, one told us, "I am an early bird I like to be up early." Others though were still in bed at 10am as this was their choice. Staff were available to guide and support people when needed.

## Is the service caring?

### Our findings

At the inspection in December 2015 we asked the provider to make improvements to ensure people were treated with dignity at all times and staff responded to in a caring and compassionate way. The provider sent us an action plan stating this would be addressed. At this inspection we found that improvements had been made and the home was meeting this regulation.

People spoke highly of the staff and the caring way they supported people. One told us, "Nothing is too much trouble, if I book a shower they take me and stay with me." Another told us, "I had a very unhappy week in another care home, in one week I became depressed and uncomfortable. My family contacted the manager here and she pulled out all the stops for my urgent transfer. I cannot praise her and her team enough. I am a different person." We also received positive feedback from relatives who said, "The team the manager has built up are amazing and of a high quality and they treat residents with respect and care." "The manager is very good at seeing the potential in staff and turning them around, and employing people who have the caring ethos and attitude that the home reflects."

Staff were highly motivated and had looked at ways to improve people's lives. This included identifying personalised activities and trips out for people. Staff had worked with the management and families to ensure this took place, often giving their own time to facilitate this. We received very positive feedback regarding how staff supported people to maintain family links and relationships. People felt that staff made an effort to get to know them and their families. One person had been invited to a family celebration and their family were worried whether they would be able to support the person if they attended. A senior carer had volunteered to provide this support to enable them to attend. The person told us they and their family were delighted they were now able to attend and how grateful they were to the carer.

Care and nursing staff were supportive and people received care which ensured their dignity was maintained and supported at all times. We received many examples of how the home had worked with people to improve their quality of life and sense of wellbeing. For example when people moved to the home for a period of respite care, staff took the time to get to know the person to enable them to understand what was important to them and support them to achieve a sense of worth and value. Staff had a good level of knowledge about people. This meant conversations with people were meaningful and relevant. We were told that one person who had moved to The Polegate Care Home had initially been reluctant to leave their room and had chosen not to go to the dining room for lunch. After gentle coaching and support from staff they had decided to eat a meal in the dining room. Since this time they had chosen to eat their meals in the dining room most days and had built up relationships with other people living at the home. This had meant they were less isolated and had a more positive experience of day to day life within the care setting.

Staff knew people well and had the knowledge how to provide care taking into consideration people's personal preferences. Staff were seen to knock on people's doors introducing themselves before entering. We saw that staff had light hearted banter with people and staff interacted and responded to people's sense of humour when appropriate. During the provision of daily care tasks staff used the opportunity to chat and involve the person. This meant that for people who chose to remain in their rooms they still had had the

opportunity to chat with staff about subjects that were important to them for example, their families, what was going on in the news or their favourite music and television shows. People told us that they felt that staff showed them respect and took into consideration how they liked their care to be provided. "I am treated with dignity and respect. People were asked whether they had a preference for male or female care staff to assist them with day to day care needs. Most people told us they had no preference but one person said that they had told staff they would rather not have a male carer and this had not been an issue. Another said, "I don't mind male or female carers, you don't notice as they are all very gentle."

Peoples care records were stored securely in locked staff areas. Staff told us they were aware of the importance of ensuring personal information was only shared with the appropriate people. Care records were locked away at the nurse's station on each floor. Documentation to record some daily care tasks were kept in folders in people's rooms. Staff were discreet when discussing people's needs on the telephone or between themselves to ensure people's privacy was maintained at all times.

Healthcare professionals who provided feedback after the inspection told us, "The staff are always found to be helpful and display care and compassion to their residents." And, "The level of client care provided by Polegate Nursing Home is considered to be high."

Relatives told us that they were always welcome at any time and encouraged to visit. They felt continually involved in people's care and that the overall environment at The Polegate Care Home was open and caring. Relatives told us that they felt the staff and management went out of their way to support people. One told us that both their parents had lived at the home, telling us, "The Polegate very much became our family home. We had family parties there and day to day I was able to care for my dad alongside the nurses, making cups of tea for him, making his bed how he liked it etc. The home is as far as is possible of a nursing home like the residents own home. Individual wishes and tastes are catered for."

People appeared relaxed and content spending time in the communal areas or in their own rooms. There were activities, conversation, and visiting entertainers in the ground floor lounge. The overall atmosphere was relaxed and homely. We observed many caring interactions between staff and people. One aspect which stood out was staff always acknowledged someone as they walked passed. This was observed to happen with all staff regardless of their role within the home. We saw when the maintenance employee was moving around the building carrying out routine checks, When they had to enter people's rooms, they took the opportunity to chat to people and check whether everything was ok and all equipment was working as it should. One person told them that they thought there was a problem with an item of equipment, this was immediately removed and sorted. The person told us they never had to worry and 'any issue minor or not would be dealt with and sorted out.'

Staff popped into people's rooms regularly to ensure they had everything they needed and chatted to people sat in communal areas. There was always a clear respect shown by staff when providing care to people and an open and engaging atmosphere. People always responded to staff in a positive way and clearly enjoyed this interaction. People were actively encouraged to make choices and were encouraged to spend time how and where they chose. The emphasis was to provide care with dignity, respect and compassion. Staff were highly motivated and passionate about providing a good level of care for everyone.

When people were receiving end of life care staff had considered how they could provide that extra support for the person and their loved ones. Relatives told us how they had been involved and kept informed throughout and we were given examples of how staff had supported family members with kindness and compassion enabling them to be with the person in their final days. One relative told us, "Over the few days we knew my dad was dying I was able to be there and care for him alongside the staff. I stayed with him the

night he died and the help and care we received on that night and in the weeks that followed were outstanding."

## Is the service responsive?

### Our findings

People and relatives told us that the service was responsive to their needs and had made a large contribution to people's wellbeing. Staff spoke about how each person was treated as an individual and staff responded to people's needs on an individual basis.

The Polegate Care Home had designated activity co-ordinators. As well as organising activities they also did shopping for people, assisted to take people out to the shops and on trips. This meant people were supported to take part in a wide range of activities throughout the week. People were kept informed of what was taking place in a monthly newsletter. This included details of all planned activities, church services, resident and relatives meetings and trips. People told us they particularly enjoyed the pat dogs, singers and activity time which took place each week. And one person told us they were looking forward to the planned lunch in a local restaurant. For people who chose not to attend group activities or had were in their room due to ill health activity staff visited them in their rooms. People told us that staff would pop in and see if they needed any shopping and have a chat, sometimes they would read or have a manicure whatever they felt like that day. People's spiritual and religious needs were supported. Church Services were organised each month. People told us that church workers also came in weekly." One person said, "The Synagogue sends in friends each week to visit me and the Rabbi sent me a card."

People were involved in the planning and assessment of care. Before people moved into The Polegate Care Home an assessment took place to make sure they could provide the individual with the care and support they needed. Where people were less able to express themselves verbally people's representatives for example LPA or NoK were involved in the assessment and review process. This meant people's views and choices were taken into account when care was planned.

People who were able to tell us about their care said they were aware of their care needs and were satisfied with the care provided. Those who wished to be were involved in the reviews which took place monthly. The care plans contained all the relevant information that was needed to provide the care and support for the individual and gave guidance to staff on each individual's care needs. Staff demonstrated a good understanding of people and clearly understood their care and support needs. People's needs were continually kept under review and relevant assessments were carried out to help support their care provision. This included the 'Resident of the day' when all aspects of a person's care was reviewed. Visiting health professionals who visited the home regularly supporting people during rehabilitation told us, "In view of following instructions with manual handling and functionally guiding rehab patients through their rehab pathway, I have found care staff capable and consistent with manual handling use of equipment."

Care planning and documentation included details about people and their individual preferences. This included their likes, dislikes, and how they liked their care to be provided. For example one person was very specific regarding how they liked their care provided, this was clearly documented and staff were able to tell us how this person's care needs should be met. When people had declined to be repositioned despite this being determined as required to prevent pressure damage occurring. Documentation was completed to show discussion with the person and that despite all information and advice being shared with them they

had declined for this to take place as often as assessed as needed. Staff were clear that this was the persons informed decision and how they wanted their care provided. They continually supported and informed the person and were aware that this was their choice.

People were clear how to raise concerns if they arose, telling us, "If I was unhappy I would tell the Senior Carer" Another said I would tell the manager or deputy." And, "If I had any issues I would complain to the manager." The complaint procedure was displayed in the building. There had not been any formal complaints. However, minor concerns that had been raised had been logged. The registered manager was clear that even minor issues were documented and any actions taken or changes made would be fed back to the complainant and the actions documented to show the issue had been addressed. Relatives confirmed, "Any concerns I have raised with the manager over small issues of care or individual staff are immediately addressed and dealt with."

## Is the service well-led?

### Our findings

People told us The Polegate Care Home was well led. Everyone said the registered manager was approachable and would listen to concerns. People felt supported to speak their views, be involved in the way the community was run and part of the fabric of the home. There was a clear 'open door' policy that was apparent throughout the inspection. People, relatives, staff and visitors popped in to speak to the registered manager. Some to pass on information, or just to say hello and to update them on any changes. One said, "The open door policy for relatives is great. We as a family have always been welcomed."

Since registering as manager at The Polegate Care Home the registered manager had made a number of positive improvements. Improvements made had included looking at ways to improve communication with staff, ensuring staff were supported and empowered through training and support to carry out their roles effectively and encouraging staff to work as a team. This ensured that the day to day running of the home was as seamless as possible. When issues had arisen these had been looked at to see how improvements could be managed to ensure that the service continually strove to improve and develop. Relatives told us, "The care at the home under the registered manager is outstanding. Since taking over as manager they have transformed the home." The registered manager was very 'hands on' and had a very good oversight of all areas of the home. They were able to tell us about the people living there and their care needs, as well as demonstrating a good understanding regarding peoples personal relationships and previous life events that may impact on the person physical and mental well-being. They were involved in daily meetings and worked a variety of shifts to ensure they maintained oversight and were available to all staff. They also visited the home unannounced to carry out spot checks to ensure that best practice was being maintained at all times. These could be at any time and these had been documented along with any actions identified for improvement.

Relatives shared their views about how The Polegate Care Home was led. Telling us, "The ethos at the home is one of respect and genuine care for the residents taking account of individual needs. The team the manager has built up are amazing and of a high quality and they treat residents with respect and care." And, "The manager is very good at seeing the potential in her staff and turning them around and employing people who have the caring ethos and attitude that the home reflects."

Staff felt that the management team led by the registered manager had offered a lot of support. Telling us, "The manager has been so supportive, they could not do enough to help, can't fault them been amazing." The clinical lead/deputy manager told us they know felt supported by the registered manager to carry out their role effectively. Overall improvements to staff morale and lower staff turnover in recent months meant the clinical lead no longer needed to work 'on the floor' providing nursing cover each day and were now able to be supernumerary. This meant that they had the time to carry out their clinical role reviewing peoples care needs, updating documentation, providing supervision and competency assessments and supporting staff on a day to day basis.

Staff were clear about their roles and responsibilities and who they reported to. Care staff were supported by an RN on each floor. Staff had clearly defined responsibilities and job roles. As well as carer and RN meetings there were also regular departmental meetings, supervisions and questionnaire feedback sought from staff. This meant that staff felt involved and that their views were important and listened to.

Daily meetings called '10 at 10' meetings meant that information was shared every day and concerns discussed. This was attended by representatives from all departments including care staff housekeeping, kitchen, maintenance and activity staff and a member of management. This meant that staff were aware of people's needs and the risk factors associated with their care. Information could then be cascaded to other staff to ensure everyone was updated.

Regular resident and relative meetings had taken place. We saw that any discussion about changes had been fed back to staff, for example changes to menus and that this had led to changes being made. People had been sent questionnaires and encouraged to feedback on the things they thought were working well and anything they would like to see improved no matter how small this may be. Information was fed back to the organisation and a report and analysis of the findings made available.

There was a robust system in place to assess and monitor the quality of the service. This included weekly, monthly, quarterly and annual audits and reviews for safety, security and health care. For example, a nursing and care needs tracker to determine the level of people's care and nursing needs, a daily walk around form completed by the registered manager or senior staff, weekly medication audit, weekly clinical risk meeting, a monthly home review and an on-going service improvement plan. Regular reviews of care documentation and risk assessments were completed; these included all aspects of care delivery and documentation for example, medicines, environment and infection control, nutrition, accidents, incidents and falls. Auditing included analysing falls, accidents, incidents or infection to identify any trends or themes. All audit findings were fed back to the organisation and used to formulate location specific analysis, findings from audits were then fed back to staff by the registered manager. Any audits, checks or reviews delegated by the registered manager were reviewed by them after completion and then signed to show they had been completed fully and accurately. The response by the registered manager was proactive, any areas which needed to be addressed were noted promptly and actions taken to rectify or improve.

Policies and procedures were available for staff to support practice. There was a whistle blowing policy and staff were aware of their responsibility to report any bad practice. The registered manager had a good understanding around 'duty of candour' and the importance of being open and transparent and involving people when things happened. The registered manager told us that they were always keen to learn from incidents to improve future practice.