Birchester Care Limited

Polebrook Nursing Home

Inspection report

Morgans Close
Polebrook
Peterborough
Cambridgeshire
PE8 5LU

Tel: 01832273256

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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

This inspection took place on the 1 and 2 October 2018 and was unannounced. This was the first comprehensive inspection of the service since it changed legal entity in October 2017.

Polebrook Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Polebrook Nursing Home accommodates up to 52 older people in a purpose-built building divided into three areas, with all accommodation on the ground floor. One area provided general nursing, one provided care and support for people living with dementia and memory loss and one area provided residential care. At the time of our inspection there were 50 people living there.

The service had a registered manager. 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.

People received care from staff that knew them and were kind, compassionate and respectful.

People's needs were assessed prior to coming to the home and detailed person-centred care plans were in place and were kept under review. Risks to people had been identified and measures put in place to mitigate any risk.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to keep people safe from any risk or harm and knew how to respond if they had any concerns.

There were sufficient staff to meet the needs of the people; staffing levels were kept under review. Staff were supported through regular supervisions and undertook training which helped them to understand the needs of the people they were supporting.

People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their relative received and felt that they could

approach management and staff to discuss any issues or concerns they had.

There were comprehensive systems in place to monitor the quality and standard of the home. Regular audits were undertaken and any shortfalls addressed.

The registered manager was approachable and people felt confident that any issues or concerns raised would be addressed and appropriate action taken.

The service strived to remain up to date with legislation and best practice and worked with outside agencies to continuously look at ways to improve the experience for people.

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 told us they felt safe and there were risk assessments in place to mitigate any identified risks to people.

There was sufficient staff to provide the care people needed. Recruitment practices ensured that people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines and people could be assured they were cared for by staff who understood their responsibilities to keep them safe.

Is the service effective?

Good

The service was effective.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People had access to a healthy balanced diet and their health care needs were regularly monitored.

Is the service caring?

Good

The service was caring

People and where appropriate their families were involved in making decisions about their care and support

Staff were kind and respectful and protected people's dignity

Visitors were welcomed at any time.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they came to stay at the home to ensure that all their individual needs could be met.

People were encouraged to maintain their interests and take part in activities.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

Is the service well-led?

Good

The service was well-led

There was an open and inclusive culture which focussed on providing person-centred care.

There were effective systems in place to monitor the quality of care and actions were taken whenever shortfalls were identified.

People and staff were encouraged and enabled to give their feedback and be involved in the development of the home.

Polebrook 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 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.

The inspection took place on 1 and 2 October and was unannounced. The inspection was undertaken by two inspectors, a specialist nurse advisor and one expert-by-experience. 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 the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and took this into account when we made our judgements.

We reviewed the information we held about the service, including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people. We also contacted Healthwatch; an independent consumer champion for people who use health and social care services.

During our inspection we spoke with six people who lived in the home and 14 members of staff; this included four care staff, two activities coordinators, a domestic, a cook, two kitchen assistants, a maintenance person, a fieldwork coordinator and two nurses plus the registered manager and the director of finance. We were also able to speak to three relatives who were visiting at the time.

We observed care and support in communal areas including lunch being served. Several people who used the service lived with a dementia related illness and so some of them could not describe their views of what the service was like; we undertook observations of care and support being given. We also 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 looked at the care records of six people and three staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, medicine administration records, maintenance schedules, training information for staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People looked relaxed and comfortable in the presence of the staff. People told us they felt safe in the home. One person said, "I need help to get in and out of my wheelchair, I always feel safe with the carers [staff]." Another person said, "I'm checked regularly, I'm safe with the staff." A relative commented, "The staff are caring and efficient."

There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety. For example, people identified as being at risk of damage to their skin due to pressure or who were at nutritional risk had been assessed; appropriate controls had been put in place to reduce and manage the risks. Records showed that the care specified had been provided, for example people were supported to change their position regularly and had their food and fluid intake monitored to ensure their well-being. The information recorded for each person was kept up to date and was regularly collated which helped the nurses and registered manager to monitor people's general health and well-being and keep them safe.

Staff understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and the contact details of the local safeguarding team was readily available to staff. One member of staff told us, "If I had any concerns I would speak to the manager and I know I can report it to you (Care Quality Commission)". The registered manager had contacted the local safeguarding team when any concerns had been raised. Any lessons learnt had been recorded and shared with staff.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

There was sufficient staff to meet people's care needs. The registered manager regularly reviewed the staffing levels to ensure that there were enough staff to meet people's changing needs. People told us that staff responded to them in a timely way. One person said, "My call bell is always in reach, the carers come quick when I ring." We saw that there were always staff available in communal areas so that they could promptly respond to people when needed.

People received their medicines as prescribed, in a safe way and in line with the home's policy and procedure. One person said, "I always get my tablets on time, the carer [staff member] stay while I take them." Medicine records provided staff with information about a person's medicines and how they preferred to take them. There was also information about medicines people could take on a flexible basis, if they were required and when and how they should be used.

People's medicine was stored securely and there was a system in place to safely dispose of any unused medicines. Staff competencies to administer medicines were tested on a regular basis and audits of the

medicines undertaken. If any issues were identified they were dealt with in a timely fashion to ensure medicine errors did not happen, and if they did they could be rectified.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Staff could explain to us what they should do in the event of a fire alarm sounding. Each person had a personal evacuation plan in place.

Equipment used to support people, such as hoists were regularly maintained. People had their own hoist slings which were clean, odour free and the correct size; the type of sling was outlined in individual care plans.

Any accidents/incidents had been recorded and appropriate notifications had been made. The registered manager collated the information around falls and accidents/incidents monthly and acted as appropriate. For example, we saw that sensor mats were in place for people who were at risk of falls but wanted to retain their independence, these ensured staff were alerted to anyone at risk who had mobilised.

The home was clean and free from any unpleasant odours. The staff wore protective clothing when required to help prevent the spread of infection. There was information around the home for people, staff and visitors in relation to infection control. The provider had systems in place to monitor the cleanliness of the home and all staff received regular training in relation to infection control.

Good

Is the service effective?

Our findings

People's care was effectively assessed to identify the support they required. The assessment took account of people's physical needs, mental health and ensured that any cultural factors were considered regarding people's choices for how they preferred their care to be provided. People's care and support was delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes. People and their families were encouraged to visit the home if possible before making the decision as to whether to live there.

The home liaised with other health professionals which ensured people's health care needs were met. A GP and senior nurse practitioner visited each week and District Nurses visited as and when required. A health professional told us, "The staff are well prepared when we visit; they know the people well and recognise when someone may be unwell." People had access to a physiotherapist and we saw that the service had consulted and followed the advice from Speech and language Therapists and Dietitians.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and best practice. Specialist training had been undertaken, for example, staff had received training in palliative care, catheter care and human rights. People were confident that the staff had all been trained and we saw that staff demonstrated a good knowledge and practice when they used equipment to assist people to move from a chair to a wheelchair.

All new staff undertook an induction programme and worked alongside more experienced staff before they could work independently. The induction was in line with the Care Certificate, which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. The provider had also provided English lessons for those staff which English was not their first language. Staff felt well supported and encouraged to gain qualifications. One staff member said, "The training has been good; I have completed my National Vocation Qualification level 3 and am being encouraged to undertake the level 4 qualification."

Staff training records were kept and we could see that training such as manual handling, safeguarding and health and safety was regularly refreshed. The records ensured that the registered manager knew what training people had completed and when they needed refresher training.

Staff had supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development. Staff said they were well supported and that they could approach the registered manager at any time for guidance and advice.

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 decisions 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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals. Best interest decisions were recorded in care plans, for example, where people were unable to consent to medication. Relatives, the GP, pharmacist, the nurse practitioner and staff administering the medicines had all been involved in decisions when appropriate and there were clear instructions to staff as to how the medicines were to be administered. Choices and preference were clear in people's care plans including where people had varied capacity. Care plans had been signed by people or if applicable, their relatives.

People were involved in decisions about the way their support was delivered. We saw that staff sought people's consent before they undertook any care or support. However, we did observe that staff did not always ask people if they wished to have a clothes protector on at lunch time, this was particularly noticeable in the area where people were living with dementia. The registered manager needed to ensure that all staff understood the need to ask people without assuming.

People were regularly assessed for their risk of not eating and drinking enough; staff used a tool to inform them of the level of risk which included monitoring people's weight. A daily record was kept for each person assessed at being at risk of not eating or drinking enough which demonstrated that staff monitored people's fluid and food intake. If there were any concerns about people not getting enough nourishment this was discussed at a daily meeting and referrals had been made to the dietitian for advice and guidance.

People were supported to eat a healthy balanced diet. There was a choice of meals available each day; the cook could offer alternatives if someone did not like what was on the menu. People were happy with the food and choices they had. One person said, "The food is tasty. I can have as much as I like for breakfast." Another person said, "We choose our lunch every morning. It's always served nice and hot and there's choice of desert."

People could choose whether they ate in one of the dining areas, lounge or in their own rooms. People who were unable to chew food or had difficulties with swallowing had their food pureed; food that needed to be pureed was kept separated to enable people to experience the different flavours of the food they were having. The cook was regularly updated on any special dietary requirements, the need for fortified foods and any specific likes or dislikes for people. There were drinks and snacks available throughout the day. Specialist equipment to help people to eat independently was available and staff supported those people who needed assistance.

People had been encouraged to personalise their rooms. Although, Polebrook Nursing home was a purpose-built home there were plans in place to develop the building and refurbish it which would ensure that it could fully meet the changing needs of the people now living in the home, particularly those living with dementia.

Good

Is the service caring?

Our findings

There was a friendly and welcoming atmosphere around the home. People looked happy and relaxed and we observed positive relationships between people and staff. One person said, "It passes the 'mum' test, I'm fortunate to be here." A relative said, "It's really good care, everyone is so caring, [Name of relative] loves it here."

Care plans contained detailed information to inform staff of people's history, likes and dislikes, their preferences as to how they wished to be cared for and their cultural and spiritual needs. People's preferences were recorded such as whether they liked their bedroom door open or closed and whether they had a preference of a female or male carer. People's clinical needs were clearly documented and instructions to staff on how to deliver the care needed was concisely detailed.

People's individuality was respected and staff responded to people by their chosen name. In our conversations with staff, it was clear they knew people well and understood their individual needs. A relative told us, "The nurses always know the current position with [Relative]. It doesn't matter who I ask they know without having to find someone else or refer to file notes. It gives me confidence in the care."

Staff spoke fondly of people and could explain people's likes and dislikes to us. We observed positive interaction between people and staff. For example, we observed one member of staff supporting a person in bed to eat, the member of staff spoke warmly to the person and encouraged them to eat, the person responded with a smile and ate their meal.

People were supported by staff to maintain their personal relationships. Each person had a 'This is me' document in their care file. This meant staff knew who was important to the person, their life history, and their cultural background.

Staff spoke politely to people and protected people's dignity. We saw staff knocking on bedroom doors before entering and checking with people whether they were happy for them to enter.

We spent time observing people who were unable to communicate with us, they looked relaxed around staff. Staff were attentive and sat or knelt by people touching their hand when communicating with them and explaining the care they were being given. Staff spoke softly to people and were mindful to protect people's privacy. A relative said, "All the staff are good, approachable and responsive."

People were encouraged to make choices for themselves and express their views. People chose where they spent their day and were offered choices around what they wished to eat and drink. One person said, "I get a menu every day and can choose something else if I don't like what's on it."
People's spiritual and cultural needs were being met. One person told us, "We have a church service every two weeks here that I go to." Faith leaders visited the home regularly.

If people were unable to make decisions for themselves and had no relatives to support them, the registered

manager had ensured that an advocate would be sought to support them. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Throughout the day of the inspection we observed family and friends welcomed as they visited their loved ones. One relative said, "We are made to feel welcome and supported."'

Good

Is the service responsive?

Our findings

People had individualised care plans that detailed the care and support they needed; this ensured that staff had the information they needed to provide consistent support for people. People had been involved in developing the care plan; one relative said, "I was fully involved in the care plan."

There was information about people's life history, spiritual needs, hobbies and interests that ensured staff understood what was most important to them. This enabled staff to interact with people in a meaningful way.

The care plans were reviewed monthly or more often if people's needs changed. There was an electronic care record system in place, which enabled all the staff to keep records accurate and up to date. This meant that staff were up to date with people's care needs. The system ensured that people's health was closely monitored. For example, we saw in one record that a person had lost weight, a risk assessment had been undertaken which had identified the person was at high risk of malnutrition. The service had referred the person to a dietitian, the advice given was followed to closely monitor their weight and fortify their food. Records showed the condition of their skin improved as a developing ulcer healed and the person's weight stabilised. A relative told us, "When [Relative] came out of hospital they were underweight, but the staff have encouraged them to eat and to join the other residents in the dining room."

The home continued to care for people at the end of their lives. People were asked about their wishes in relation to end of life care. If people were happy to discuss this, a care plan was in place and any advanced decisions recorded. Staff received training in end of life care and the registered manager liaised with other health professionals which ensured that people had access to symptom control.

People were encouraged to take part in activities both as part of a group or individually. There were two activities coordinators who ensured that there was a range of activities people could take part in throughout the week if they wished. On the day of the inspection, we observed individuals looking at books and colouring. In the afternoon an entertainer came in who played music and people sang to the music and some were supported to go out for a walk into the village. However, some people told us that they did not feel there was enough activities and we saw that there was a potential for those people who stayed in their rooms to become socially isolated. We spoke to the registered manager about this who advised us that training was planned for the activities co-ordinators to support them in developing more activities; they were looking at providing more opportunities for activities at different times of the day to ensure everyone had an opportunity to take part in things at times when best suited them.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. There was information available electronically which could be adapted to meet individual communication needs.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. There had been only one complaint raised in the last 12 months which had been responded to in a timely way in accordance with the procedure in place and action to address some of the concerns raised, for example, the statement of purpose had been reviewed to include specific information as to how people's mail is managed. Relatives said you only have to say something to the registered manager and they will respond and take action; one relative said, "They [Registered manager] is always open to suggestions, they want to get it right."

Good

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The registered manager and provider had recognised the need to provide English lessons for those staff where English was not their first language. This had helped to improve the communication between people and staff and had helped staff to have a better understanding about the standards and quality of care they needed to maintain.

The registered manager was visible and approachable, spending time each day talking to people. One person commented, "[Registered manager] is what you dream of for a manager. She talks to us, knows what is going on and is not afraid to make decisions." We saw that people were comfortable and relaxed with the registered manager, nurses and all the staff.

The staff we spoke with all demonstrated a good knowledge of all aspects of the service and the people using the service. They delivered care in a way as described in the Statement of Purpose, safe, caring and within a friendly environment where people could maintain their dignity, privacy and be respected always.

There was a culture of openness and transparency demonstrated by the registered manager's proactive approach in encouraging people and their families to give feedback about the service and listening to staff. Some of the comments we read from recent surveys included, 'Very happy with the care, staff are always helpful, the service is excellent no changes needed,' 'Communication is excellent and the cleanliness of the home is excellent.'

The provider had a refurbishment plan in place and the registered manager was looking at how to address the issue around activities in response to comments made by people and their families.

Staff said they were well supported, listened to and encouraged to develop their skills and knowledge. There were regular staff meetings which ensured staff had the opportunity to share experiences and suggest ideas. Following the first day of inspection the staff had met to address some of the observations we had made and on the second day of the inspection we saw that they had made changes to how meals were being served in one area of the home to improve people's mealtime experience.

There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis.

Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received. Staff understood their responsibilities in relation 'whistleblowing', safeguarding, equalities, diversity and human rights and there were up to date policies and procedures to support them.

To ensure nurses and staff were kept up to date with changes in practices, legislation and new innovative

ways to deliver care, the registered manager attended various conferences, received information from other agencies and medical alerts which was cascaded to staff through meetings and training programmes.

At the time of the inspection the service had taken part in a project around maintaining people's hydration. There was a 'Droplet' disc for people who needed to drink more; this either lit up to alert staff or spoke to the individual to remind them to have a drink. The registered manager told us that there had been a significant impact on the reduction of urine infections people had which meant that people's overall health had been improved and costs in relation to treatment had been reduced.

Quality assurance audits were completed by the registered manager with the support of the fieldwork coordinator. The provider followed up on any actions that had been identified through audits and ensured that the systems in place to monitor the home were effective. However, the process around observing people's experience of living in the home needed to be strengthened to ensure that it fully considered people's daily experience particularly those people who could not easily communicate their experience.