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Assrafally

# Polefield Nursing Home

## Inspection report

77 Polefield Road  
Manchester  
Lancashire  
M9 7EN

Tel: 01617954102

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25 April 2019  
29 April 2019  
30 April 2019

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20 June 2019

### Ratings

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

# Summary of findings

## Overall summary

About the service:

Polefield Nursing Home is registered with the Care Quality Commission (CQC) to provide nursing care and accommodation for up to 40 people. The home is located in the Blackley area of Manchester and has adequate parking facilities onsite.

People's experience of using this service:

Inspection activity began on 25 April and concluded on 30 April 2019. At the time of the inspection there were 30 people living at the home.

People said they felt safe living at the home, with staff demonstrating a good understanding about how to protect people from the risk of harm.

Some aspects of people's mobility care plans were not always followed by staff such as ensuring people's beds were at the lowest setting possible to reduce the impact of falls. Zimmer frames were not always in easy reach in communal areas. We raised these issues with the registered manager during the inspection and were given assurances this would be addressed.

Staff were recruited safely, with appropriate checks carried out to ensure there were no risks presented to people using the service.

Maintenance checks of the premises and the servicing of equipment was carried out throughout the year to ensure they were safe to use. Some repair work was required to the lift, however the registered manager had recently obtained quotes from a supplier to have the work undertaken.

There were enough staff to care for people safely and the staff we spoke with told us they felt staffing levels were sufficient.

People received their medication safely, although we spoke with the registered manager about ensuring topical creams were locked away safely and out of sight. This would reduce the risk of them being used inappropriately.

Accidents and incidents were monitored and any actions taken to prevent future re-occurrence were recorded.

People's mental capacity was kept under review and deprivation of liberty safeguards (DoLS) applications were submitted to the local authority as required. However we have made a recommendation about ensuring capacity assessments are decision specific.

Staff received the necessary training and support to help them in their roles. Staff supervisions and appraisals were carried out and gave staff the opportunity to discuss their work.

People told us they liked the food available and we saw staff supporting people at meal times, if this was something they needed help with. Where people needed modified diets due to having swallowing difficulties, these were provided.

People living at the home and visiting relatives made positive comments about the care provided at the home. The feedback we received from people we spoke with was that staff were kind and caring towards people.

People said they felt treated with dignity and respect and that staff promoted their independence as required.

Complaints were handled appropriately. Compliments were also maintained about the quality of service provided.

There were a range of activities available for people to participate in and we observed these to be well attended by people living at the home during the inspection.

We received positive feedback from everybody we spoke with about management and leadership within the home. Staff said they felt supported and could approach the home manager with any concerns they had about their work.

Rating at last inspection:

Our last inspection of Polefield Nursing Home was in August 2018. The overall rating at that inspection was 'Requires Improvement'. The report was published in October 2018. The ratings for each key question were as follows:

Safe – Requires Improvement  
Effective - Requires Improvement  
Caring - Good  
Responsive - Requires Improvement  
Well-led – Inadequate

We identified regulatory breaches regarding safe care and treatment, safeguarding service users from abuse and improper treatment, good governance and staffing.

Enforcement:

At our last inspection, we issued regulation 17 warning notices against both the registered manager and provider due to the governance issues were identified during the inspection. These needed to be met by 1 November 2018.

Why we inspected:

This inspection was carried out inline with our inspection methodology timescales for Requires Improvement services and where one of the key questions was rated as Inadequate. This meant we needed

to re-inspect within six months following the publication of the last report.

Follow up:

We will continue to monitor information and intelligence we receive about the home to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for 'Good' rated services, however if any further information of concern is received, we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was now Safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was now Effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained Caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was now Responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

Not all aspects of the service were Well-led.

The previous rating for this key question was inadequate and we need to see that the improvements made are sustained over time.

Details are in our Well-Led findings below.

Requires Improvement ●

# Polefield Nursing Home

## Detailed findings

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

The inspection team consisted of one adult social care inspector from the CQC.

Service and service type:

Polefield 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. 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. The registered manager also formed half of the partnership 'Mr Mohedeen Assrafally & Mrs Bibi Toridah Assrafally', who are the registered provider with CQC.

Notice of inspection:

The first day of the inspection was unannounced. This meant the service did not know we would be visiting on this day. However, we informed the registered manager we would be returning for the remaining days of the inspection and announced this in advance.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who worked closely with the home.

During the inspection we spoke with the registered manager, deputy manager, four care staff (from both the day and night shift), four people living at the home and one visiting relative.

We reviewed five care plans, three staff personnel files, five medicine administration records (MAR) and other records about the management of the home to help inform our inspection judgements about the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in August 2018, this key question was rated as Requires Improvement. This was because we identified concerns regarding safeguarding, risk assessments, pressure care and the recording of people's medication.

Systems and processes to safeguard people from the risk of abuse

- People living at the home and relatives told us they felt the home was a safe place to live. One person said, "I feel safe and secure living here. Nothing has ever bothered me." Another person said, "It is a safe place to live, definitely." A visiting relative also added, "No concerns about safety from my point of view."
- Staff spoken with confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns. A log of safeguarding incidents which had occurred within the home was maintained, with copies of any strategy meetings or case conference minutes available. Where any allegations of potential abuse had been identified, we saw alerts had been submitted to the local authority for further investigation.

Assessing risk, safety monitoring and management

- Each person living at the home had their own risk assessment in place covering areas such as mobility, falls, skin care and nutrition. Where risks were identified, there were details about how they needed to be mitigated. Personal emergency evacuation plans (PEEP) were completed for each person and provided details about people's evacuation needs in an emergency.
- People at risk of skin breakdown had appropriate equipment in place such as pressure relieving cushions and mattresses. Records were also maintained by staff when they helped people to change position in bed to relieve the pressure on their skin.
- We looked at how people were supported to maintain good mobility. People had mobility care plans in place, detailing the support they required from staff. In two people's care plans, it stated their bed needed to be at the lowest setting so that if they fell out, the risk of injury would be reduced. However when we checked on these people in bed, this action was not being followed. One of these people's care plans also stated their zimmer frame needed to be in reach at all times, however we saw this was positioned away from them when they were seated in the lounge area. This had not impacted on the safety of these people however and they had not suffered any falls as a result of this not being followed. The registered manager told us they would raise this issue with staff.

- The premises were safe and well maintained. Some remedial work was required to the lift, although not to the extent of it being unsafe to use. The registered manager sent us a quote following the inspection, where they had arranged for this work to be completed. We checked people's bedroom windows and saw they were fitted with window restrictors to reduce the risk of people falling out or attempting to leave the building in an unsafe way.

#### Staffing and recruitment

- Enough staff had been deployed to safely meet people's needs. The feedback we received was that people's care was never compromised as a result of low staffing levels at the home.
- Staff were recruited safely and we found all relevant checks had been carried out prior to them commencing their employment.

#### Using medicines safely

- We found people's medication was administered, recorded and stored safely. Medicines were stored securely in a locked treatment room on each floor which could only be accessed by staff. People's medication administration records (MAR) were completed accurately. We observed staff giving people their medication during the inspection and explaining the reasons why it needed to be given.
- A medicines fridge was available to help keep medicines at the correct temperature. Controlled drugs were in use and staff carried out a stock check to ensure all controlled drugs could be accounted for. These were signed for by two staff when administered to confirm they had been given. Creams were stored in drawers and cupboards in people's bedrooms, however we spoke with the registered manager about ensuring these were kept locked so they could not be accessed unsafely.
- Staff had received training regarding medication and displayed a good understanding about how to ensure people received their medicines safely.

#### Preventing and controlling infection

- We found the home was clean and where any odours were present, measures were taken to minimise these during the day. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection. We observed domestic staff cleaning the home throughout the day and ensuring people's bedrooms were fresh and tidy. Some carpets, particularly downstairs were stained and would benefit from being replaced.

#### Learning lessons when things go wrong

- Systems were in place for when things went wrong. Accidents and incidents were monitored closely, with details recorded about actions taken to prevent re-occurrence.

## 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

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in August 2018, this key question was rated as Requires Improvement. This was because we identified concerns regarding MCA/DoLS, supervision/appraisal and the recording of people's nutritional intake.

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Staff confirmed training had been provided in MCA and DoLS and demonstrated a good understanding about when DoLS applications needed to be made and when any decisions needed to be taken in people's best interests.
- DoLS applications had been submitted where required, such as if people had been assessed as lacking the capacity to consent to their care and treatment. Mental capacity assessments were undertaken about people's abilities to make their own choices regarding their care. These were not decision specific however. For instance, one person required the use of a sensor mat due to them being at risk of falls and this would alert staff when they attempted to mobilise. This restricted their movements however and a decision specific assessment should have been completed before this was installed to check if this person could give their consent to using it. The registered manager confirmed this was undertaken following the inspection.

We recommend the service seeks advice when carrying out capacity assessments to ensure these are decision specific to the choices being made

Ensuring consent to care and treatment in line with law and guidance

- People had been able to give written consent where possible and this was recorded in their care plan. Where people were unable to give their own consent, this was done by relatives who acted in their best

interests and had power of attorney (POA).

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

- The care and support people needed to receive from staff had been captured as part of the admission process and was recorded within their care plans.
- Care documentation explained people's choices and how they wished to be cared for and supported. People and relatives we spoke with, said they were consulted about the care provided and felt involved.

Staff support: induction, training, skills and experience

- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role. The induction was based around the care certificate which is used if staff had not worked in a care job previously and must be used by care providers.
- Staff spoke positively of the training provided and said enough was available to support them in their roles. We viewed the training matrix which showed staff had completed training in areas such as moving and handling, safeguarding, dementia awareness, infection control, health and safety and fire awareness. Some of these courses needed to be updated by staff and the registered manager sent us a training plan following the inspection, with the aim to complete any outstanding courses by the end of May 2019.
- Staff supervisions and appraisals were carried out and gave staff the opportunity to discuss their work. Staff told us these took place consistently and were a good opportunity to discuss their work and any concerns. A matrix was in place and detailed when these were due throughout the year.

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

- People and relatives we spoke with were complimentary about the meals provided. One person said, "The food is very reasonable and choices are offered." Another person said, "The food is good, very good."
- Staff supported people to eat and drink at meal times, as required. Other people were able to eat independently and this was something that was promoted by staff.
- We saw people received food and drink of the correct consistency, such as fork mashable, when they had been assessed as being at risk of choking and aspiration. People with specific dietary requirements were catered for such as diabetics, with lower sugar alternatives available such as biscuits and ice cream.
- People's weight was regularly monitored. Where people had lost weight, we saw they had been appropriately referred to other health care professionals, such as the dietician service for further advice.
- The home had two separate dining rooms (up and downstairs) and we observed the meal time experience on each. Tables were set in advance of the meal and people had access to any condiments and cutlery they required. People were offered the choice of what they would like to eat and were asked if they would like second helpings once they had finished.
- People's fluid intake records showed high levels of fluids were consumed by people. During the inspection, we spoke with several people in their bedrooms and noted they had large jugs of water to help

themselves stay hydrated.

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

- People had access to a range of medical and healthcare services, with support to make and attend appointments provided by the home. Professionals such as district nurses, podiatrists and opticians regularly visited the home to assist people with their care and offer advice.

## 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

People were supported and treated with dignity and respect; and involved in their care.

At our previous inspection in August 2018, this key question was rated as Good.

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

- People and their relatives spoke positively about the standard of care provided and that staff treated people well. Staff were described as being kind, caring and considerate. One person living at the home said, "It's brilliant living here and so are the staff. The staff are always there for you and they help you with everything." Another person said, "I think it is very good and they do look after me well." A third person said, "I think it's great. The staff are nice and friendly and are providing good care to me." A visiting relative also added, "I think it's very good. All the staff are caring and friendly."

- People looked well cared for, were clean and were wearing clean clothes. People's hair had been brushed and their finger nails were trimmed and clean, with staff maintaining records of when people's personal care had been attended to. Several people living at the home liked to have their hair washed and trimmed regularly and we observed people being supported to use the home's hair salon during the inspection.

- People's equality, diversity and human rights needs were taken into account and recorded in their care plan. Staff told us people would be treated equally regardless of their age, gender and race. People's food choices were respected by staff such as if they proffered not to eat certain meats because of their religious beliefs. People were also able to decorate their bedrooms with items that were of importance to their religion.

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

- Resident and relatives meetings were held so that people could express their views about the care and support they received. We saw relatives had been able to comment about how they felt things were going at the home and we noted their feedback was positive. Questionnaires had also been sent, seeking people's views and opinions about the service.

Respecting and promoting people's privacy, dignity and independence

- During the inspection we observed staff treating people with dignity and giving them privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. We observed staff knocking on people's doors before entry and then closing them behind them. Doors were always closed when personal care was in progress.

- Staff were knowledgeable on the importance of promoting independence. We observed staff encouraging people to do things for themselves or providing reassurance to people whilst completing tasks, such as eating independently and walking around the home on their own using any necessary equipment such as a zimmer frame.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

At our previous inspection in August 2018, this key question was rated Requires Improvement. This was because we had identified concerns regarding record keeping and lack of activities and stimulation for people living at the home.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person living at the home had their own care plan in place and we reviewed four of these during the inspection. We noted they were completed with good detail and provided information for staff about the care and support people needed.
  - People's care plans contained person-centred information about their life story and included details regarding their childhood, employment, school years, hobbies and interests and details about their family.
  - The service was meeting the requirements of the accessible information standard (AIS). This is used to ensure people with any particular sensory impairments have their needs met by staff. Care plans contained information about people's communication and if they required the use of any equipment such as glasses or hearing aids. Where any sensory equipment was needed, we observed these were being worn by people during the inspection.
  - People's likes, dislikes and what was important to the person were recorded in their care plans. During the inspection we saw examples of where people received care that was reflective of their assessed needs.
  - There were different activities available for people to participate in if they wished and these were mainly facilitated by the home's activities coordinator. During the inspection we observed people taking part in karaoke. Several people living at the home were able to recall the words from some of their favourite songs which appeared to give them great stimulation and enjoyment. A gardening activity also took place, where people were able to bed different plants and flowers into pots.
- Improving care quality in response to complaints or concerns
- People knew how to provide feedback about the care they received and information about how to make a complaint was displayed on the main notice board in the reception area.
  - A central log of complaints had been kept and we noted responses had been provided where people had been unhappy with the service they received. A range of compliments had also been received, where people had expressed their satisfaction about their experiences at the home.

## End of life care and support

- The home provided end of life care to people as necessary. People's care plans took into account their wishes as they approached the end of their life and how they wanted their care to be delivered. Do not attempt cardiopulmonary resuscitation (DNACPR) forms had been completed, to ensure people's choices were respected regarding being resuscitated during an emergency. Statement of intents were put in place with authorisations from the person's GP as needed and end of life care medication was ordered and could be given to people when the time was right.

# 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

Although the service was Well-Led and we found the service had improved since our last visit, we have rated this domain as Requires Improvement to ensure that the improvements are sustained over time.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- This key question was rated as Inadequate at our last inspection in August 2018. This was because we identified a number of governance related issues and improvements made since the previous inspection had not been maintained. We also issued a regulation 17 warning notices relating to Good Governance against both the registered manager and provider.
- Following that inspection, we held a provider meeting and gave the provider/registered manager the opportunity to discuss their action plan and tell us how they intended to improve standards at the home. The provider/registered manager was open and honest about they had not maintained oversight within the home since the previous inspection and wanted to get things right.
- The staff team also spoke of the positive culture within the home that was open and inclusive. All the staff spoken with said staff worked well together and supported each other to provide high quality care to people.
- The feedback we received from the staff team was positive about the leadership that was in place at the home. One member of staff said, "The manager is really nice and is good with his staff and is always on hand." Another member of staff said, "Overall management is okay as far as I am concerned." A third member of staff added, "They really are quite supportive and always try to help us with any problems."

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

- There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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 also one of the registered providers and formed part of the partnership Mr Mohedeen Assrafally & Mrs Bibi Toridah Assrafally.
- Statutory notifications were submitted to CQC as required where any safeguarding incidents, serious injuries, or expected/unexpected deaths had occurred. This meant we could respond accordingly.

- As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last CQC report was displayed in the main reception area and on the Polefield Nursing Home website.

#### Continuous learning and improving care

- A range of quality assurance systems were in place at the home to ensure the quality of service was being monitored and this had improved since our last inspection. Audits in place covered areas such as care plans, safeguarding, accidents and incidents, complaints, health and safety, building maintenance and weights. These were up to date and had been completed as recently as April 2019.

- Staff meetings were held monthly and could be attended by both day and night staff. Staff told us they felt listened to and that any concerns were acted upon. Staff hand overs took place between each shift and enabled staff to understand how people were and if any actions needed to be completed relating to their care and support.

#### Working in partnership with others

- The home worked in partnership with other organisations. This included a range of other healthcare professionals in the area, such as district nurses, social services and local hospitals.