

Polesworth Group Homes Limited

# Polesworth Group 32 Station Road

## Inspection report

32 Station Road  
Polesworth  
Tamworth  
Staffordshire  
B78 1BQ

Tel: 01827896939

Website: [www.polesworthhomes.co.uk](http://www.polesworthhomes.co.uk)

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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

### About the service

The service is a care home operated by Polesworth Group Homes; a provider of support for people with learning disabilities. The service, 32 Station Road, provides personal care and accommodation for up to seven people. The home has two floors, with a communal lounge, dining area and conservatory. There were shared bathroom facilities. At the time of our inspection there were seven people living at 32 Station Road.

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

People were relaxed and happy in the company of staff. People felt settled and secure living at the home. People had enough activities to do. Staff demonstrated a kind, caring and personalised approach toward people and gave support when needed.

Risks had been identified and were well managed by staff who knew people well. Risk management plans gave staff information they needed to reduce risks of harm or injury to people.

Staff were trained and offered opportunities to develop their skills and knowledge. Staff used equipment, such as hoists to transfer people, in a safe way.

People had their prescribed medicines available to them and were supported with these by trained staff. Records showed people received their medicines when needed.

People had choices about drinks and what they ate for their meals and their nutritional needs were met. Staff understood the importance of promoting people's independence whenever possible.

The home was well-maintained and good level of cleanliness reduced risks of cross infection.

The provider was taking into consideration the principles and values that underpin Registering the Right Support and other best practice guidance for the accommodation of people with learning disabilities. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

Staff understood the importance of giving people choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were assessed, and information was used to form personalised plans of care.

There were enough staff on shift to meet people's needs. Staff were recruited in a safe way.

Staff ensured people were happy with the care and support they received. The provider displayed their complaints policy.

There were processes to audit the quality and safety of the service and where these identified the need for improvements, these were quickly acted on.

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

Rating at the last inspection

The last rating for this service was Requires Improvement (published 17 January 2019).

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# Polesworth Group 32 Station Road

## **Detailed findings**

### Background to this inspection

#### The 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.

#### Inspection Team

One inspector carried out this inspection on 10 January 2020.

#### Service and service type

The service, 32 Station Road, 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 the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as serious injury and abuse. The provider was asked to complete a provider information return prior to this inspection, which they did. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and local clinical

commissioning group. We used all the information to plan our inspection visit.

During the inspection

We spent time with all seven people and some were able to give us their feedback about the service. We spent time with people in communal areas, observing interactions and support they received from staff. We spoke with four care staff, one volunteer, the cook, the registered manager and the chief executive for Polesworth Group Homes.

We reviewed a range of records. This included a full review of two people's care plans, risk management plans, multiple medication records and health and safety checks. We also looked at records relating to the management of the home.

Following our inspection visit, we had telephone conversations with four relatives to gain their feedback about the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved and is now rated Good. This meant People received a safe service and were protected from avoidable harm.

Assessing risk, safety monitoring and management;

- Improvements had been made in the registered manager reviewing and updating individual management plans in a timely way. For example, one person had just been identified at increased risk of falls and the registered manager was reviewing the person's falls risk management plan as we arrived on our inspection visit.
- Staff knew people well and how to support them in a safe way. For example, records showed one person demonstrated distressed behaviour at times. A detailed behavioural management plan gave staff the information they needed so a consistent approach was taken. One staff member told us, "[Name] does throw things at times and gets upset, we always try to avoid any triggers and know they like routine and space." During our inspection visit, staff supported this person to remain relaxed and enjoy completing their jigsaws.
- People were supported to take positive risks. The cook told us, "[Name] helps me in the kitchen and really likes cake making." The person referred to smiled when they heard this, and told us, "Made my birthday cake."
- Some people had been identified as at risk of skin damage and had specialist airflow mattresses to reduce risks of their skin becoming sore. The registered manager understood the importance of checking airflow pump settings were correct, which they were and meant people received the desired pressure relief.
- There was a maintained fire alarm system and staff had completed fire safety training. Whilst drills took place, these were not fire scenario based and the provider had not timed 'zone evacuation' to ensure enough staff were on shift to achieve this in the desired time. The registered manager and chief executive officer told us future fire drills would include a series of scenario-based timed drills for all staff.
- People had personal emergency evacuation plans (PEEPS) and evacuation equipment was available for staff to use in an emergency.

Using medicines safely

- People had their prescribed medicines available to them and were supported with these from trained staff. The registered manager told us, "I remind staff we must always ensure sufficient stock of people's medicines, and I ensure we don't run out."
- Medicine administration records showed people received their medicines as prescribed.
- Some people were prescribed medicines 'when required' and protocols were in place to tell staff when these should be given.

Preventing and controlling infection

- Staff understood the importance of infection prevention and had personal protective equipment available to them. Staff used gloves to reduce risks of spreading infection, for example, when undertaking personal care.
- Staff encouraged people to wash their hands, such as before their meal, and supported people to maintain their hygiene so risks of infection were minimised.
- The home was clean and tidy and odour free.

#### Staffing and recruitment

- There were enough staff on shift to meet people's needs. People's dependency needs were assessed and where increased needs were identified action was taken. For example, the registered manager had secured some one-to-one support for one person whose needs had increased.
- The registered manager told us they had always put additional staff on shift when needed. For example, during our inspection visit one person attended a hospital appointment and was supported by two staff. The registered manager told us, "Usually one staff would accompany people, but [Name]'s mobility has deteriorated, so for safety two staff supported the visit."
- The provider's recruitment system ensured staff's suitability to work at the home. New staff who had commenced their employment since our last inspection visit, told us checks had been undertaken by the provider before they had commenced their employment. We did not review any employment records on this inspection because we had no concerns about the provider's recruitment processes.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had received training from the provider in how to safeguard people from the risk of abuse. Staff demonstrated an understanding of safeguarding principles. They gave us examples of types of abuse and said they would report any concerns to management and 'whistle-blow' to external organisations such as CQC or the local authority if needed. A volunteer staff member told us, "I've never seen anything of concern here, I've been coming to help with activities for three years, and only ever seen good care."
- The registered manager understood their responsibilities in reporting specific incidents to us, commissioners and the local authority.

#### Learning lessons when things go wrong

- There was a system to record accidents and incidents. The registered manager told us they promoted reflective practices so if anything went wrong, incidents were used to learn from so risks of reoccurrence were minimised.



# 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 available evidence.

At the last inspection this key question was rated as Good. At this inspection the rating has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

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

- There had been no changes to the people living at the service since our last inspection and pre-assessments had been completed before they had moved to live at the home. These assessments had been used to formulate personalised plans of care.
- During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Staff support: induction, training, skills and experience

- Staff received an induction and training and staff's skills were frequently refreshed. One staff member told us, "I've only worked here a short time, so I am still completing my induction and training. I know I can't use the hoist yet until I've done my training and I always work with others on shift getting to know people."

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, which they were.

- People's capacity to make decisions had been assessed and the registered manager understood when 'best interests' meetings would be needed. They gave us an example of having arranged multi-disciplinary 'best interest' meetings for one person who was due to move home to another of the provider's locations where their needs would be better met.
- Staff understood the importance of gaining people's consent when performing care tasks and explaining what was happening. For example, before supporting people with personal care or giving them their medicine.

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

- People were offered choices about what they ate and drank. The cook told us, "I know people's likes and dislikes and always prepare home-cooked healthy option food." People told us they enjoyed their meals.
- People's nutritional needs had been assessed and risks of malnutrition had been identified. People's weight was monitored by the registered manager. Staff member followed professional healthcare guidance for one person who received their nutritional needs through a Percutaneous Endoscopic Gastrostomy (PEG). A PEG is where a tube is passed into a person's stomach through the abdominal wall to support them receiving their nourishment in a safe way.

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

- People had access to GPs, dental, chiropody and optician services. The district nurse team visited the home to see people for specific identified needs.
- The registered manager was aware of the best practice guidance set out in the CQC "Smiling Matters" document of June 2019. People's oral care needs were met by staff who understood the importance of daily oral hygiene. Staff told us they ensured people were supported or prompted to clean their teeth and mouth.

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

- The home had been adapted to meet people's needs. The home was well-maintained and decorated in a style people liked. People made choices about how their own bedrooms were decorated and furnished.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were consistently supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, equality and diversity

- Throughout the inspection visit we observed people were well treated by kind, considerate and professional staff. Staff supported people in a way that met their needs and showed a caring approach.
- People's responses to staff demonstrated they were relaxed with staff and happy living at the home. One person told us, "Yes, I like staff and am happy here."
- All feedback shared with us from people and their relatives was positive about staff and the provider. Relatives felt involved in their family member's care and felt caring support was consistently given.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained and respected by staff. For example, staff consistently addressed people in a polite way and knocked on people's bedroom door before entering.
- Staff gave examples of how they promoted people's independence. One staff member told us, "[Name] likes to help around the house, and [Name] helps unpack grocery shopping."

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

- Staff understood the importance of people's views, wishes and choices being respected.
- People were encouraged to make decisions as far as they could and supported to maintain important relationships with relatives. Relatives told us they felt staff supported their family member to visit them when arranged.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. People's needs were consistently met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individual plans of care, which gave staff information about people's needs, which staff could refer to when needed. One new staff member told us, "I've been given time to read care plans which I think give me the information I need."
- Staff were responsive to people's needs. When people required assurance or support, staff quickly responded to them.

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

- People were satisfied with the activities which took place and were supported by staff to pursue their own interests within the home and local community. Staff knew people well and how they enjoyed spending their time. One staff member told us, "On a Friday, we always have a craft session and a music session, which people enjoy." One person pointed out a flower-arrangement to us they had made. All seven people took part in the music session, which promoted movement as far as people were able.
- Care staff ensured risks of social isolation were minimised. One staff member told us, "[Name] sometimes gets a bit low in mood, so we encourage them to always spend some time each day with us all in the lounge. When [Name] has time in their bedroom, we watch a film with them which they like."

Meetings people's communication needs

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

- There was some signage around the home and pictorial images were displayed to tell people which staff were on shift. The environment promoted positive living and enabled people to find their way about the home.
- Staff communicated effectively with people, and understood their communication needs.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no current complaints. There were no recorded complaints since our last inspection.
- The provider had a complaints policy, and assured us if any complaints were received these would be investigated.

End of life care and support

- The home did not offer nursing care for people reaching the end of their life. However, when people had

lived at the home long-term and wished to remain there, the provider met their wishes whenever possible. The registered manager told us, "We hope to offer people a home for life and would work with healthcare professionals and support to people who chose to spend their final days here."

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that the service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has improved and is now rated Good. This meant the service was well managed and well led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager's oversight of the home had improved. The registered manager told us, "At the last inspection, some of my time was pulled to support elsewhere in the services, but now my time is purely spent on the two homes I am registered manager for. I feel far more in control again and know what's happening. The last inspection was positive in making us re-focus on managerial oversight of the home and checking staff do things well."
- The provider had systems of auditing the safety and quality of the service and undertook regular checks and audits. The registered manager told us, "I do daily checks and also encourage the staff to make checks to ensure a safe service is being given to people."
- Where checks identified the need for improvements, these were acted on. The registered manager told us, "We just noticed one fire safety door mechanism was not closing properly, so that is being attended to today." During our inspection visit, work on the fire safety door was completed and checked.
- The provider understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was displayed, and there were systems in place to notify CQC of serious incidents at the home.

Continuous learning and improving care ; Working in partnership with others

- The chief executive officer worked in partnership with the trustees of Polesworth Group Homes. They told us, "We have looked at redefining the role of trustees and the purpose of their visits. We have recognised their important role is to report on what it's like for people to live in the homes, through observations and speaking with people."
- Systems were in place to learn from incidents where mistakes were made. There had been no serious accidents or incidents since our last inspection, however, the registered manager assured us any incident would be investigated, reflected on and learning implemented to reduce risks of reoccurrence.
- The chief executive officer recognised the importance of continuous learning. Their registered managers undertook spot checks in one another's services and reported on findings. An internal provider's registered managers forum had been established so good practices and learning could be shared.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff knew people well and told us they would know if a person was unhappy and find out the reason why. Relatives told us they were able to give feedback whenever they wished because staff were always approachable.
- Feedback surveys were also given to people and their relatives and positive feedback had been received.
- Staff felt very supported by their peers within the staff team and by one to one and team meetings.