Polebank Care Home Ltd

Polebank Hall Residential Care Home

Inspection report

Stockport Road
Gee Cross
Hyde
Cheshire
SK14 5EZ

Tel: 01613682171
Website: www.polebankhall.co.uk

Date of inspection visit:
09 May 2016
10 May 2016

Date of publication:
13 July 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

The inspection of Polebank Hall took place on 9 and 10 of May 2016. Our visit on 9 May was unannounced.

We last inspected Polebank Hall on 2 February 2015 where we found the home to be in breach of four regulations and the overall inspection rating to be 'Requires Improvement'. We asked the home to make improvements in the management of medicines, quality assurance systems, staff recruitment and appraisals. At this inspection we found that appropriate action had been taken to address these findings. However, we found that the administration of people's topical creams was not always recorded accurately.

Polebank Hall is situated in the Hyde area of Tameside. The home provides care, support and accommodation for up to 29 people who require personal care without nursing.

The building is a large, Victorian detached house with an additional single-storey annexe and is set in municipal parkland. The home has 25 single rooms and 2 shared rooms, of which 20 are en-suite. There is a ramp at the front door and disabled access throughout the building. Bedrooms are located over three floors and floors one and two are accessed using a passenger lift or staircase. There are several communal bathrooms, communal toilets, one small 'quiet' lounge, one large lounge area, reception area and one large dining room. The larger lounge also has a carers' station and therefore, care staff are usually visible in this area. There is car parking and secure gardens with a patio area for people to sit outside.

At the time of our inspection 28 people were living at Polebank Hall.

The service did not have a registered manager in place. 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. A new home manager had been in post since November 2015 and had not yet submitted an application to register with the Care Quality Commission (CQC) to become the registered manager for Polebank Hall. The previous registered manager had left in July 2015 and there had been an interim manager in the meantime.

This inspection was carried out in response to a regulation 28 report from the Coroner's office. This is a report that is written after an inquest into someone's death and the Coroner believes there is a risk of other deaths occurring in similar circumstances. The home is required to produce an action plan to ensure the prevention of a reoccurrence. We found evidence to support that the improvements outlined in the action plan had been effectively implemented.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full report.

We have made one recommendation for the home manager to conduct more frequent building and

environmental audits.

People, their relatives and staff spoke highly of the service; one person's relative told us, "They're very good with mum" and "Always made to feel welcome". Visiting professionals were also complimentary of the service and one person told us that they received appropriate referrals promptly and found the staff, "Very helpful".

The staff files we looked at showed us that safe and appropriate recruitment and selection practices had been used to ensure that suitable staff were employed to care for vulnerable people.

During this inspection we found that there were sufficient numbers of staff on each shift to provide a safe and effective level of care and support to people who lived at the home.

Staff we spoke with were aware of how to safeguard people and were able to demonstrate their knowledge around safeguarding procedures and how to inform the relevant authorities if they suspected anyone was at risk from harm.

During our inspection, we found some issues with the building environment, such as visible damp on walls/ceilings in three of the occupied annexe bedrooms, two radiators without covers and missing light bulbs. We discussed these issues with the home manager.

The laundry room was found to have shortfalls in its facilities and improvements were needed to safeguard people from the risk of cross infection.

We found that the administration of medication was accurate; however, we found that there were gaps in recording sheets for the administration of topical creams.

Our observations showed us that consent was always sought before care was provided and people were treated with respect and dignity by staff who were knowledgeable and competent in their role.

People received good quality care from respectful and attentive staff. People looked well cared for in their appearance and we observed that staff were very kind and caring during delivery of care and support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Comprehensive and individualised risk assessments were in place.

Staff spoken with demonstrated a good understanding of safeguarding procedures and the types of abuse that people may be at risk from.

Safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people.

Errors were identified regarding the proper and safe management and administration of topical creams.

Improvements were required in the laundry area with regards to safe infection control practices.

Is the service effective?

Good

The service was effective.

People were supported to have their health care needs met by professional
healthcare practitioners. Staff liaised with professionals such as speech and
language specialists, dieticians, dentists, chiropodists and the person's own
General practitioner (GP).

Staff were suitably trained and supported by the home manager through effective supervision.

People were given choices at mealtimes and supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

We observed good care practice at Polebank Hall.

People looked cared for and staff treated people with dignity and respect during care delivery.

Staff carried out a 'personal care checklist' twice per day that ensured people's daily personal care needs were consistently met to a high standard.

Is the service responsive?

Good

The service was responsive.

Peoples choices, preferences and care needs were met and care plans were personalised and up to date.

Activities and personalised one to one support was offered.

Complaints had been recorded and actioned.

Feedback had been actively sought and any identified issues had been acted upon.

Is the service well-led?

Requires Improvement

The home was well-led; however, the home manager had not yet completed their registration with the Care Quality Commission (CQC).

The home manager had taken our previous report and the coroner's report seriously and had acted upon issues identified in them. The home manager was visible in the service and staff were clear about their roles and responsibilities.

Required audits and quality assurance checks were in place.

We received many positive and complimentary comments about the home manager.

Polebank Hall Residential 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 took place on 9 and 10 of May 2016 and day one was unannounced. The inspection was carried out by two adult social care inspectors on day one and one inspector on day two.

Before we visited the home we checked information we held about the service, including contract monitoring reports from the local authority and notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send us about significant events that happen within the service.

On this occasion, we had not asked the service to complete a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We walked around the home and looked in all communal areas, bathrooms, the kitchen, store rooms, medication room and the laundry. We also looked in six people's bedrooms and outside the building; in the garden and patio area.

During the two days of inspection, we reviewed a variety of documents. These included policies and procedures relating to the delivery of care and the administration and management of the home and staff; including four people's individual care records, the administration of medication records. We also inspected three staff personnel files to check for information which demonstrated safe recruitment practices, training and regular supervision had taken place.

As part of the inspection process we observed how staff interacted and supported people at lunchtime and throughout the two days of our visit in various areas of the home. We also observed one medication round and one care staff team meeting. We spoke with two people who use the service, three relatives and two visiting health care professionals. We also spoke with the home manager, one kitchen assistant, and two care staff members.

Requires Improvement

Is the service safe?

Our findings

The relatives we spoke with during our inspection told us that they felt their relative was safe living at Polebank Hall. One visitor told us "I don't have any worries about her", another relative told us, "He's in safe hands here".

Staff told us that they felt people were kept safe within the home and they felt suitably trained and informed to provide care and support in a safe way. Staff were able to competently explain how they kept people safe and gave examples, such as, identifying individual risks or ensuring sufficient staff numbers. Staff told us they regularly read and reviewed care plans and risk assessments to ensure they were up to date with people's care needs and we could see that the home had developed and implemented a key worker review system. A key worker is the named carer for people who live in the home.

Suitable arrangements were in place to help safeguard people from potential abuse. There was a safeguarding adult's policy and procedure in place and when asked, staff spoken with were fully aware of this procedure and demonstrated a good understanding of the subject. They were able to tell us about the different types of potential abuse and what steps to take to report any concerns they might have. One staff member told us that if they ever saw or heard anything that could be potential abuse they would go straight to the home manager as she was approachable. We saw evidence that staff had received training in safeguarding vulnerable adults. Staff had a good understanding of whistleblowing; this meant staff were knowledgeable around reporting concerns to the appropriate organisation if they felt that appropriate action was not being taken by management.

The three staff files we looked at during the inspection showed us that safe and appropriate recruitment and selection practices were used to ensure that suitable staff were employed to care for vulnerable people. Staff files included evidence of interviews, photographic identification checks, application forms, health declarations and two references. Each staff member had also had the relevant disclosure and barring service (DBS) pre-employment check. This meant that the appropriate checks had been completed to reduce the risk of unsuitable staff being employed by the service. We found one file had a copy of photographic identification missing and the home manager immediately contacted the staff member, who brought this in to the home during our inspection.

There were systems in place to ensure appropriate and safe staffing levels within the service. The home manager told us that they rarely used agency staff and this was supported by the staff rotas made available to us. During staff absence or times where more staff were needed, the existing staff or staff from the sister care home, provided this cover. This gave consistency of care and ensured the safety of the people who lived there. One staff member we spoke with told us, "There are no issues with staff numbers". We observed that call bells were answered in a timely way and we saw that people who required attention were responded to promptly. One visiting professional told us, "I've never seen it (the home) short staffed and I've been at all different times".

Throughout the inspection we saw that staff were visible around the home and we did not see any situations

where people were left alone in the communal areas. The home manager produced staff rotas that showed us the staffing levels for the home were sufficient to provide care for up to 29 people; each day shift had four carers, one senior carer, one team leader and the home manager. In addition, there were several ancillary staff members, including, kitchen and laundry staff, three housekeepers and a maintenance man. An activities co-ordinator was due to start two days subsequent to our inspection. Each night shift had four carers and one team leader. This meant that there were sufficient staff on duty each shift to provide a safe level of cover. However, our observations during the lunchtime experience showed us that there were several people who required assistance with eating their lunch. We found that this was a rushed experience for some of the people due to the number of people who required help at the same time. The home manager also observed this lunchtime experience with the inspector and immediately identified that improvements were needed to ensure a more relaxed lunchtime experience for those people who required assistance; they told us the home were going to trial two lunchtime sittings.

We looked at the way in which medicines were managed at Polebank Hall. We found that there was a relevant policy in place and systems used for stock control and medication administration. Staff told us that no-one received covert medication at the home. Covert medicines are medicines that are given without the person's knowledge. Covert medicines should only be given when the person is deemed to lack capacity, and when providing covert medicines has been assessed as being the least restrictive option in that person's best interests.The home had the required safe cabinet and record system for storing controlled drugs (CDs); a controlled drug is a drug whose use and distribution is tightly controlled because of its risk or abuse potential for example morphine.

Medicines were administered by senior care staff from a lockable medicines cupboard and were recorded on the medication administration record (MAR) sheets in individual files. The MAR sheets documented known allergies and contained a photograph of the person which helped to ensure that the right person was receiving the correct medication. We checked a sample of these records and found them to be in order. We saw that the home manager conducted monthly medication record audits to check for accuracy and to provide extra checks on the safe administration of medication. We found two small errors when we reviewed the administration of medicines. There were omissions for the number of drugs received and one bottle of eye drops was being stored with no opening date recorded. These errors were rectified by the home manager during our inspection.

We also looked at the safe administration of topical creams. This was a separate system and was administered by care staff using a specific recording file kept stored in the team leader's work station. We found that care staff had not kept comprehensive and accurate records with regards to the administration of people's topical creams; we found a number of omissions in application, strength and start/discard dates.

This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

A hand gel policy and procedure was in place and we found access to hand sanitiser throughout the home. Bathrooms and toilets had pedal bins, clinical waste bins and hand washing facilities. There was an infection control policy in place at Polebank Hall and during our inspection we observed good practice by staff in relation to the prevention and control of infection. We saw that staff wore appropriate personal protective equipment (PPE) where necessary and this was accessible throughout the home. Staff wore different colour aprons and gloves dependent upon the task. This meant that safe infection control practices by staff members minimised the risk of cross contamination between people who used the service.

The home manager showed us how the laundry system was managed and talked us through the procedure. There was no separate sluice room. However, staff used a special bag (Dissolvo Sack) to isolate and disinfect soiled items. Although there was an effective system in place to manage soiled and clean laundry, we identified that the laundry room did not have a hand washing facility. A lack of appropriate equipment to help maintain hand hygiene could place both people using the service and staff at risk of potential infection and cross contamination from soiled items in the laundry. This meant that the home was not ensuring the safety of the people in the home with regards to infection control in the laundry and the risk of cross contamination.

This was a breach of Regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We asked relatives about the cleanliness of the home. One visitor told us they were, "Always happy about [relative's] room". We saw that the home was mostly clean and tidy and there was no odour present. However, when we visited the dining room after breakfast as part of the building tour, we found the area to be in need of cleaning as it was dusty and had food debris on parts of the floor and on a number of chairs. The home manager attended to this immediately and the dining room was clean and tidy for the lunchtime sitting. The home benefited from three housekeepers on shift each day and the home manager explained the cleaning schedule to us that showed that specific areas were cleaned regularly.
We found that the kitchen areas were clean and had appropriate records and audits for ensuring cleanliness and food safety. The Food Standards Agency also conducted an inspection during our visit and the home was awarded the highest outcome of level 5.

Personal care plan records showed that individual risks were identified, assessed, managed and reviewed to ensure any risks to people who used the service were minimised. We saw that the home manager had a risk assessment tool kit that identified specific risks for each person. From this tool, the home manager conducted full risk assessments for those issues identified. Examples of these risk assessments included; manual handling, mobility, falls, pressure care and harming others. We reviewed one person's care files that included specific, personal risk assessments for behaviour that challenges. We saw that risk assessments had been updated regularly where changes in the person's care needs had been identified. We could see that where people were identified as requiring additional monitoring, such as, for pressure area care or fluid charts, these were fully implemented and up to date. This meant that current information was available to staff in people's care plans, and this enabled them to provide correct and safe care. Risk assessments and care plans had been signed by care staff to validate that they had read the information within them.

We asked one staff member who we spoke with, how they ensured that they provided safe care and treatment to people. They told us that they would ensure they had read care plans, risk assessments and staff shift handover notes and that they had got to know the person. We asked about someone's specific nutritional support needs around the thickening of liquids; the staff member was able to tell us exactly how this person's needs should be met. This care staff member volunteered more information about how to care safely for this person and we were able to verify this in the person's care plan.

We examined records of accidents and incidents and saw that any incidents were clearly recorded, completed and acted upon where required. The home used an accident register and followed up accidents with a close observation record to ensure that people were monitored for set periods of time following an incident. The home manager had identified through the use of this register, that one person had a number of falls and updated the risk assessment for this person. From this, the home manager had spoken to the person's family about a referral to the falls team and had installed a sensor monitor in their room to alert staff of a potential fall. Additional action taken by the home manager was to contact the person's general

practitioner (GP) to request a review of medication and the person's night time medication was decreased as a result.

One resident told us that although they felt safe, they were concerned about the behaviour of some of the people at the home who were living with dementia. We spoke with the home manager around these concerns and we saw that individual, specific plans and strategies were in place in order to manage the impact on other people who lived at the home. For example, the home used individual diversion techniques or staff were aware of how to soothe someone who may be agitated.

During our tour of the home, we found that the relevant doors were locked for safety, such as, product storage rooms and the medication room. There was a key pad on exit and entry for security and safety barriers for the stairs, to prevent people with mobility problems accessing the stairs without assistance. However, we found that although the general environment of the home was safe, we identified a number of maintenance problems and potential safety issues. We found radiators and pipework on the annexe corridor were not covered causing a potential risk of injury or burns from the hot surface if someone was to fall. Also, in a number of rooms within the annexe building, we found evidence of damp on the ceilings. We reported this to the home manager who told us that this would be reported to the provider immediately and she would also discuss the matter with the full-time maintenance man. We also found a number of light bulbs that required replacing in the home; however, none of these meant that areas were in darkness.

We recommend that building and environmental checks are carried out more frequently to enable the home manager to quickly identify any potential risks or shortfalls and resolve them.

We saw in people's bedrooms that radiator covers and window restrictors were in place. The home manager told us that any equipment in situ, such as an electric bed or airflow mattress had been prescribed by community staff and this was subject to periodic checks by them and the community equipment service.

During the inspection, we reviewed the relevant safety documents. We saw that safety checks, such as water and fire checks were carried out and general building maintenance contracts were up to date. Equipment, such as, hoisting, laundry and electrical equipment were regularly serviced. We could see that the local fire service had visited recently to carry out safety checks and all fire safety measures were in place.

In response to the regulation 28 report from the Coroner's office, the provider was required to ensure that effective training was in place for staff in the event of a person experiencing a fall within the home. We saw that a falls procedure was in place and that staff had signed the document to say they had read and understood the information. All staff had received training in first aid and health and safety, and senior staff had been trained in the safe handling of medication. The home manager had also introduced a newly improved night check sheet that ensured staff recorded accurate and relevant information each time staff had checked people throughout the night. Another requirement was that the home had a fully operational call bell system; we evidenced records that showed us that call bells were checked weekly. A new updated system had been ordered by the home manager; however, an installation date had not been confirmed at the time of our inspection. We checked staff rotas to ensure that sufficient numbers of carers and seniors were on duty and we saw that this was also in place. During the inspection we were able to evidence that Polebank Hall had implemented all the necessary requirements to help prevent a reoccurrence of the event that led to the regulation 28 report from the Coroner's office.

Good

Is the service effective?

Our findings

People were supported to maintain their wellbeing and have their health care needs met by professional healthcare practitioners. Staff liaised with professionals such as speech and language specialists, dieticians, dentists, chiropodists and the person's own general practitioner (GP). These visits or appointments for people were documented in separate files in the home manager's office. When looking at personal care plans, we could see that people had regular visits from additional healthcare services. It was documented that people received regular visits from their GPs; staff and the home manager told us that they had very good links with the local GP surgery. The home manager explained to us that their GP surgery sent a practice nurse to carry out preventative measures, known as a "ward round" every month. This nurse visited everyone within the home to speak to them, conduct a medical assessment if required, and manage any chronic illnesses that people may have. Additionally, the GP had trained the home manager and senior care staff to be able to take basic observations of people, such as the recording of blood pressure, as a preventative measure. This enabled staff to have the skills to observe people whilst liaising with the GPs to prevent unnecessary hospital admissions if people were poorly, but preferred to be looked after at the home.

We spoke to one visiting health care professional who was complimentary about the care and support delivered at Polebank Hall and they told us that staff accompanied them to see each resident they were visiting. They told us, "Staff are on the ball". Additionally, this visitor told us that referrals to their service were timely and appropriate, for example, staff always made a prompt referral if they were concerned about pressure areas. They told us that they had no concerns about manual handling practises at the home and were happy with those they had seen. They commented, "They always use the hoist".

One mental health practitioner who had been working with the home for several years told us that the home manager and staff did everything they could to accommodate people, despite the challenges faced by some people. They told us, "They take the right action" and "They go out of their way". They commented that the home always acted and put things in place if they believed someone required input from other agencies, for example, if they suspected someone had a urinary tract infection.

Many of the staff members had been working at Polebank Hall for several years and staff turnover was low. The home did not use agency staff. This meant that people were being looked after by staff who knew them and knew each other. We saw that there was a strong and supportive staff team at the home. Staff and relatives told us that the management team were approachable; one staff member told us that they were so motivated to do their job that they liked to come in on their days off and organise pamper sessions for people. One visiting professional told us, "The manager and staff are very welcoming".

Staff told us they had regular team meetings to discuss changes in individual's health and care needs and we saw that daily handover notes detailed discussions about each person, including their current health and mood. This showed that staff were knowledgeable about the people they cared for each day.

We reviewed, in depth, three care staff personnel files looking for evidence of a robust system of induction,

regular supervisions, development plans and a comprehensive training schedule. We found evidence of a comprehensive induction and personal development plan in these individual staff files. Staff supervision records were kept in a separate file. On reviewing the most recent supervision documents; we found that there was evidence of regular and effective supervisions held to discuss staff development or any issues that staff might like to bring to the attention of the management team. Staff told us that they received regular supervisions and they saw this as an opportunity to air their thoughts. They felt that any ideas were taken on board and implemented by the management. Staff told us, "Management is really good…I can question practise" and "The manager listens and welcomes suggestions". One staff member gave us an example of where they made a suggestion to the home manager around each resident having a named key worker and this was successfully trialled and implemented. Regular supervision meant that staff were supported to discuss any concerns regarding staff or residents, their own development needs and encouraged to make suggestions for continual improvement.

We reviewed the staff training records and saw that staff undertook regular training to enable them to provide safe and effective care. Examples of this mandatory training included, basic food safety, moving and handling and fire training. Staff told us they thought they received a lot of training and found it very helpful, one staff member told us, "We're always on training".

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 made 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 are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

We looked at whether Polebank Hall was working within the requirements of the MCA and DoLS. We found that the home manager had identified the need for DoLS applications for certain people who used the service and these had been submitted to the local authority for authorisation. We saw that staff had received training on MCA and DoLS and were able to explain to the inspection team what this meant for people living at the home. One staff member told us, "We always ask consent". One visiting mental health professional told us they were confident that staff were aware of mental capacity and know how to treat people, they told us, "Staff go out of their way… doing their best over and above".

We saw that a number of people had information in their personal care files regarding their wishes around resuscitation during an emergency. This is official documentation issued by a medical professional and states that a person does not want to be resuscitated and should be allowed a natural death. This meant that staff at the home had the relevant information to be able to honour people's rights and wishes at the end of their lives.

During our inspection we saw that staff sought consent from people to provide care. Staff we spoke with showed a good understanding of the need to gain consent to provide care and support. One staff member told us they always talk to people even if they are unable to respond, they said "I always ask consent, I like to get to know people so I can understand them better". We saw during the inspection that people were asked

before being supported and people were given choices. For example, people are accommodated to get up and go to bed whenever they liked; we saw one person having their breakfast at 11 o'clock because they had chosen to have a lie in. We saw that people were asked if they would like to watch television or go into the dining room for lunch; they were not just told to do so. One staff member talked to us about the need for people to make their own choices, although they understand that some people find this difficult. For example, some people do not want to eat their meal, but they do not just leave them, they try to encourage them to eat and offer choices and alternatives.

We saw that information about which care staff were on duty that day, including their photographs, was on display in the foyer of Polebank Hall. In addition, the menus for the day were displayed.

As part of our inspection, we looked at the menus and food choices available to people living within the home. We saw that menus were varied and nutritionally balanced. Staff told us that although most meals were served at set times, they were flexible to accommodate people's own choice of mealtimes.

As part of our inspection, we observed the lunchtime meal on the first day of our visit and we saw that people were offered a choice of main meal and pudding. One person had chosen rice pudding, but decided they would like something else and was offered alternative choices by the kitchen assistant. There was a pleasant atmosphere during lunch and we saw friendly interactions between staff and people who lived at the home; it was evident that there were established relationships. However, we found that people who required full support with eating did not always receive assistance in a timely way and sometimes they had to wait a short time. We discussed this with the home manager who told us they would address this immediately. During our observations of the team meeting the home manager was taking steps to change systems to ensure that people did not have to wait any length of time during lunchtimes.

We spoke to the assistant cook about nutritional needs and preferences of the people who lived at Polebank. The assistant cook knew that certain people were diabetic and was knowledgeable about different diet stages. People with certain health conditions require their food to be prepared in a specific way to ensure they can eat their food comfortably and safely, for example, a stage two diet means that food needs to be pureed. We found information held in the kitchen to show the specific dietary needs of everyone who required special attention to their diet and the assistant cook was able to talk us through this information. There was information displayed in the kitchen around safe preparation of food for people with specific diets and this included a list of "high risk foods". This meant that staff were aware of how to prepare and serve food in such a way as to minimise the risk of the person choking.

Care staff we spoke with, were also able to tell us the specific dietary requirements of people, for example, the consistency of thickened drinks for people and this was verified in care files. This meant that people were receiving their food safely as prescribed by health care professionals. We saw information in people's care files that they had been asked about their preferences and one visiting relative told us that they had been asked what their relative liked to eat, they told us, "We were asked to give the home a list of their likes and dislikes and they have been implemented".

During our tour of the home we saw that some attention had been paid to make the home conducive to people who may be living with dementia. Photographs of the person had been put on the front of their individual bedroom door to assist them to locate their own bedroom within the home. Other rooms, such as the toilet and bathroom, were identified in the same way.

Polebank Hall is a locally historic building and had retained many of its original features and information such as photographs, pictures and other artefacts were on display. We saw that an original record player

was playing music on our arrival and there was a large variety of music available from many different eras. Staff told us that people who lived at the home decided which music to play and favourites were usually records from the 1950s and 1960s.

Visitors told us they were welcomed into the home and were able to visit at any time. One relative told us, "I'm always made to feel welcome…the manager usually comes and talks to me". One visiting professional told us, "The manager and staff are very welcoming". Visitors were able to spend time with people in the communal areas, their private bedroom and the accessible garden area.

Good

Is the service caring?

Our findings

It was clear during our observations on inspection that people at Polebank were cared for in a kind and sensitive way. We saw that staff spent time in the afternoon with residents in the large lounge; one carer was sat with someone helping them colour in a book. Another carer was looking through photographs with someone and another person was having their nails painted by a carer. We observed good interactions between people and carers throughout the inspection, including walking together and holding one another's hands.

The home manager told us that they carry out their own regular observations of care to ensure that people receive the highest possible standards of care delivery. We saw that the home manager intervened when observing two care staff who were hoisting a person in the main lounge; the home manager felt that not enough reassurance and encouragement was given to the person during the movement.

We found a strong ethos of person-centred care throughout the home; staff and the home manager told us that they encourage people to live as independently as possible and they tried to accommodate everyone's personal preferences. We spoke with staff about dignity and independence; one staff member we spoke with told us, "We always ask people, we offer prompts first to encourage independence" and "I speak to people how I would speak to my mum, I am aware that I am younger than them and ensure I'm not patronising." We observed during lunchtime, that one staff member was assisting a person to eat and was loading the spoon for them and encouraging them to use the spoon and feed themselves. This showed us that staff were empowering people to be independent.

We saw evidence of friendships between people and an established, cohesive staff team. People were smiling and chatting throughout our visit, staff always sat or knelt down to be at eye level when talking to someone. One visiting professional told us they felt that people were treated with dignity and respect at Polebank Hall and they were always welcomed into the home.

Staff we spoke with, talked to us about knowing people well, especially people who found communication difficult. They told us they were able to respond to cues, such as, facial expressions, body language or certain sounds if the person was unable to speak. One staff member gave us an example of a person who would make specific sounds if they were upset and because they knew the person well, they understood their needs and were able to respond appropriately. One visitor told us they felt their relative was treated with dignity and respect and said, "Staff are lovely, very kind and caring." This visitor explained to us that sometimes their relative may get upset and often when they arrived to visit they found a staff member sitting and comforting the person. Another visitor told us, "Staff are very good with mum… they're always hugging."

During our visit we received feedback about how caring the home manager was, one staff member told us, "[Home manager] is so caring…they have a good presence…all they think about is the residents". Another staff member told us, "The manager is really good…she will do anything for them."

The home manager told us that they wanted people to feel that Polebank Hall was their own home and we saw that some people had their own key to their bedroom if they so wished and we saw evidence in care files that two people had their own advocates to act on their behalf. An advocate is a person who represents people independently. We saw that clocks, calendars and information boards had accurate and current information and décor was appropriate. It was clear during the inspection that people were happy and comfortable in the home.

People at Polebank Hall looked well-groomed and dressed smartly to their own preference. The home manager told us that personal care was very important and had introduced a personal care checklist for staff to complete twice per day for each person who lived at the home. The checklist was audited by the home manager to ensure that the tasks were completed and these included washing, cleaning teeth, hearing aids fitted and prescribed creams applied. One staff member told us that they always ensured that people had clean finger nails and one visitor told us their relative's "appearance is always clean".

We saw one person liked to wear several items of clothing at once; the home manager had worked closely with visiting professionals on a strategy to ensure this person's wishes were met whilst keeping them safe from overheating. This meant that the home was ensuring a person's safety whilst respecting their personal preferences.

Personal care files were stored securely in the home manager's office, which was locked when not occupied. We found in these care files one section named "About me"; this was a detailed section documenting a person's history, family life, schooling, work, personality, likes and dislikes. This was written in the first person, i.e., each sentence was 'I' and 'me'. For example we read, "I enjoy visits from my family" and "I like to eat lots of snacks and I am not too keen on fish" and "I have a diagnosis of dementia and I am able to communicate my needs and wishes well." This showed us that care plans were personalised and gave information to staff about caring for the person, not just their physical needs.

There was an end of life care policy and procedure in place and the home manager had introduced individual palliative care instructions for each person. These instructions were specific to each person and included detailed information around diet and fluid, mobility, personal care, skin integrity and personal preferences, such as, room lighting and if the person would like the television on. Each staff member involved in caring for the person was required to sign that they had read and understood the personal instructions. One staff member told us, "We get emotionally attached to residents; when someone is on end of life there is always a member of staff with them so they are never left alone." The home manager told us that they felt very strongly that people should receive special care from the home when approaching the end of their life, they told us, "It is just as important as the care you get at the start of your life".

Good

Is the service responsive?

Our findings

Each person had a personalised care record which outlined to staff how they liked to be supported. These were written from the view point of the person, which showed that care was provided in a way that was designed around the needs and preferences of the person rather than the requirement of the service. We saw clear input from people and their relatives into the information in the care plans and one visitor told us they were always fully informed and involved in discussions and reviews about their relative's care. Care records contained information around personal care, mobility and any physical or health needs that the person may need support with. One person's care plan stated, "I like to be clean and tidy with short, tidy finger nails".

Included in the front of the care files were a "one page profile"; this gave staff a snapshot of the person around certain aspects of the person's care needs. For example, mobility, medication, communication and memory and understanding were included in the profile. We found that staff were knowledgeable about people's needs and what they needed to do to support them. Staff were accurately able to tell us how people wanted to be cared for as this information was documented in care files.

We saw evidence that personal care records and risk assessments were fully reviewed and updated on a monthly basis, or as and when any changes occurred. This helped ensure that information was up-to-date so that staff could provide the correct level of support and in a personalised way.

We saw that people's bedrooms were personalised with their own bedding and soft furnishings. One person had their own bedroom furniture brought from home. The home's maintenance man had painted some murals within the home which had been chosen by residents; we saw one lady's bedroom where a large picture of a ballerina had been painted on their door at their request.

We observed during our inspection that people were regularly asked what they would like and given choice through day-to-day tasks. People had choice of meals, where to sit, what to watch or listen to and were given choices around drinks and snacks. One person's relative told us that when they first came to live at Polebank Hall the only available room was upstairs and they would have preferred a downstairs room. The home manager ensured that the person was given a room downstairs as soon as one became available.

There was a daily activities programme in place at Polebank Hall and during our inspection this included reminiscence, arm chair exercises and a birthday party. A hairdresser visited each week and we saw that people who used the service were taken out on trips, such as a visit to Blackpool. The home manager told us they would like to increase the amount of day trips once the activities co-ordinator was in post. Staff we spoke with told us that they always tried to include everyone and provided individual, personal activities with people on a daily basis, such as, doing jigsaws and manicures. However, one staff member told us that they thought they could do more activities. One visitor we spoke with, told us that their relative always liked to do housework before they came to live at the home so staff had provided them with their own duster and encouraged them to help with the cleaning. The home manager told us that a new activities co-ordinator was starting the week of our inspection. Her role was to ensure that people received good quality and

individual stimulation through an effective activities programme.

There was information displayed in the reception area informing people how they could complain about the service and we saw that there was a complaints policy in place. We reviewed the service's complaints file and saw that there were very few complaints made at Polebank Hall. Relatives told us that they had not had cause for complaint, but would feel happy to do so, as the home manager was responsive and approachable. One visitor told us that they were concerned about one person, who was living with dementia and the impact of their behaviour on their relative. However, they understood that this was part of their condition and the home manager had reassured them that plans were in place to support this person with their needs. A suggestion box was available in which people could place comments about the service. We saw that the home had received a number of thank you cards complimenting the staff and home manager.

The home manager told us that they regularly asked people for feedback about their care and we evidenced one questionnaire named, "Your chance to have your say on the service we provide". Results from the February 2016 questionnaire showed that people were very happy living at Polebank Hall and the home manager was able to demonstrate how suggestions made in these surveys had been implemented. For example, one person had said they would like a separate seating area to sit with relatives and another person said they would like new cushions. The home manager showed us where a new, more private, seating area had been created for relatives to sit if they wished and we also saw that new cushions had been purchased in response to the request. This showed that the home manager valued people's opinions and wishes and acted to implement the requested changes.

Requires Improvement

Is the service well-led?

Our findings

At the time of inspection the home manager had not yet applied for their registration with the Care Quality Commission (CQC).

The home manager had been in post since November 2015 and had worked at Polebank as a senior carer for over 5 years. Throughout the inspection the home manager demonstrated a real insight into people's care needs and it was clear that they knew people, relatives and staff well as we saw evidence of established, kind and caring relationships on many occasions during our visit.

Staff commented that they felt that the home manager was approachable and supportive and they spoke positively about their management ability. Comments included; "I have a good relationship with the manager, I feel motivated to do my job" and "I can't fault her as a manager". Staff also commented that they felt supported to progress in their role and told us that they felt able to make suggestions about the running of the service. For example, one staff member suggested implementing a key-worker scheme and the home manager had put this in place straight away.

Relatives we spoke with were also complimentary about the home manager, one visitor told us, "If we have asked for anything, [Home manager] has always made sure it's happened". Another relative told us they were pleased with the manager and said, "They usually come and talk to me".

We found that documentation throughout the home was up to date and well organised. The home manager was able to quickly provide us with the information we requested during the inspection. Documentation in the home manager's office was tidy, accessible to staff, current and kept confidential in line with the Data Protection Act 1998. There was a policy and procedure file that contained relevant information necessary for the home manager to carry out her role effectively. These included policies around falls, medication, infection control, diet and nutrition. We found evidence during the inspection that these policies and procedures were implemented. For example, we could see that accidents and incidents had been fully recorded and acted upon and that diet and nutrition charts were implemented and acted upon as per the professional's instructions.

Polebank Hall had an annual full building risk assessment and the home manager carried out a number of regular audits to monitor the quality of care provided. We saw that daily, weekly and monthly audits were carried out around daily tasks, such as, medication checks and fluid input charts.

At the time of our inspection, the home manager was working on new documentation around staff competency checks for manual handling and assisting to people to eat. The home manager told us they also regularly carried out their own observations of care delivery within the home on an ad hoc basis. This helped to monitor the quality of care delivered by carers and ensure that people received the highest level of support and attention from staff. These checks showed us that the manager had an overview of how the service was running and could identify and rectify any shortfalls in service delivery.

We reviewed the business continuity plan for the home; this sets out what plans are in place if something significant occurs to affect the running of the care home, for example, a building fire, and an outbreak of influenza or financial insolvency of the provider. This meant that systems were in place to protect the health and safety of residents in the event of an emergency situation.

We saw evidence that the home manager had taken positive steps to improve the service provided at Polebank Hall. Complaints and feedback were acted upon and specific incidents responded to, for example, a completed accident register was monitored by the home manager and resulted in changes to people's risk assessments and care plans.

The home manager told us that they felt supported in their role by staff, the home's owner, the general manager and the manager for the sister care home. This meant that support systems and guidance were in place for the home manager if and when it was required. . There was also a robust support system in place for staff who received regular supervision, appraisal and team meetings. Staff told us they felt supported by the manager, one staff member told us, "I'd go to them if I've ever got a problem… they're very approachable".

During our observations of the team meeting, we saw that the manager gave relevant information and direction. Items discussed included the importance of completing paperwork, people's nail cleanliness, keyworker reviews, importance of family relationships, consent to care, assisting to feed people at mealtimes, communication and wellbeing of people. The home manager concluded the meeting by thanking everyone for the improvements made since the last meeting. Staff were fully involved in the meeting and one staff member commented that improvements the home manager had implemented so far were good and that they were working. They added, "It's getting better and better."

The home manager demonstrated strong leadership qualities and instilled a clear vision for the home; this was demonstrated during our interviews, observing the staff meeting, staff supervision notes and in all areas of the home. The statement of purpose for the home was on display and the home manager was enthusiastic about meeting objectives, such as, delivering high quality, person-centred care and ensuring people who used the service and their families felt at home. The home manager told us it was important that people remained as independent as possible whilst keeping safe.

The home manager operated an open door policy, which meant that people, relatives and staff were welcome to speak to them any time. Staff we spoke with were very clear on what was expected of them and were very complimentary regarding the leadership qualities of the home manager, one staff member told us, "She's [Home manager] got a good presence" and "All she thinks about is the residents….she is so caring". Staff told us that the home manager often observes care and support interactions within the home and provided feedback to staff on their performance. During observations of the team meeting, we saw that staff were given clear direction and instructions as to what is expected of them when completing tasks.

The home manager was enthusiastic and knowledgeable throughout the inspection, despite having to attend to a water system emergency and receiving an inspection from the environmental health department at the same time as our visit.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Records indicated that people were not receiving topical creams as per the prescribed dose. The home was not ensuring the safety of the people in the home with regards to infection control in the laundry.