

Polebank Care Home Ltd

# Polebank Hall Residential Care Home

## Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



## Overall summary

This inspection of Polebank Hall Residential Care Home was carried out over two days on the 2 & 3 February 2015. Our visit on the 2 February 2015 was unannounced.

Polebank Hall is a large detached care home accommodating up to 29 older people who require assistance and support with personal care needs.

Accommodation comprises of 25 single rooms and two double bedrooms some of which have en-suite facilities. Other facilities include a number of small seating areas around the home, two lounges and a dining room. There were 27 people living at the home at the time of our inspection.

# Summary of findings

The home is situated in the Gee Cross area of Hyde, Manchester and is set in 16 acres of parkland. The building dates back from the 1820's and has retained much of its original structures and fittings. The home is conveniently placed to access the motorway links and public transport.

We last inspected Polebank Hall in April 2014. At that inspection we found the service was meeting the essential standards and regulations that we assessed.

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 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.

Medicines were not managed safely because we found that there was no accurate documented evidence that prescribed creams had been given which could have resulted in unnecessary discomfort. This is a breach of Regulation 13, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Recruitment processes required improvements to ensure all the required pre-employment checks on staff members are consistently applied. All appointed staff must have a full and satisfactory Disclosure and Barring Service (DBS) check as part of the recruitment process. This is a breach of Regulation 21, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Although staff were receiving regular supervision they were not receiving annual appraisals. This is a breach of Regulation 23 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Quality assurance processes were not robust and did not support that the registered manager sought confirmation of the quality of the service provided from people living, working or visiting the home. This is a breach of Regulation 10 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The care records we viewed demonstrated to us that people's health was monitored and referrals were made to other health professionals as appropriate.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered choice and if people required assistance to eat their meal, this was done in a dignified manner.

There was a relaxed and friendly atmosphere in the home and staff were seen to have good relationships with people. During the inspection we saw that although staff were busy they were kind and respectful to people when attending to their needs. Sufficient staff were on duty to provide appropriate care.

The building was clean, tidy and free of any unpleasant odours.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe.

Medicines were not managed safely and appropriately. We found that there was no recorded evidence that prescribed creams had been given to people.

Recruitment procedures designed to keep people safe had not always been correctly followed which has the potential for people to be cared for by unsuitable staff.

Safeguarding procedures and relevant policies were in place to support staff when dealing with any safeguarding matters and staff were able to accurately describe the actions they would take if they suspected abuse had taken place.

**Requires Improvement**



### Is the service effective?

Some aspects of the service were not effective.

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

Nutritional assessments had not been carried out but appropriate action had been taken when concerns had been raised about poor nutritional intake or weight loss.

The environment was not wholly conducive for people living with Dementia.

**Requires Improvement**



### Is the service caring?

The service was caring.

People living at Polebank Hall and visiting relatives we asked spoke positively about the support and care received from staff.

The atmosphere in the home was relaxed and friendly. We saw positive interactions between the staff and people living at Polebank Hall.

We observed that people looked well cared for and were appropriately dressed.

**Good**



### Is the service responsive?

The service was responsive.

Prior to people moving into the home an assessment of their needs was undertaken to ensure their individual needs could be met by the service. People were also given the opportunity to visit and meet the staff and spend some time with the people already living there before a decision was made.

**Good**



# Summary of findings

Care plans and risk assessments were regularly reviewed and updated to ensure staff had the information they needed to meet peoples care needs.

We saw there was a complaints procedure in place which was also on display in the home and was included in the statement of purpose and the service user guide.

## Is the service well-led?

Some aspects of the service were not well led.

The service was currently led by a manager who was registered with the Care Quality Commission (CQC) and had been in post since June 2012. People were encouraged and supported to give feedback about the service being provided. We saw that meetings were held with staff, people who used the service and their relatives and an opportunity was given to complete a satisfaction survey questionnaire about the quality of service being provided although the comments made had not been collated or analysed by the manager.

The service did not have adequate quality monitoring systems in place.

**Requires Improvement**



# 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 checked 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 the 2 & 3 February 2015. Our visit on the 2 February was unannounced.

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

Pre inspection information would normally be requested from the provider however, on this occasion we did not request it and relied on information we held and what we

gathered on the days of the inspection. We reviewed previous inspection reports and notifications that we had received from the service. We requested information from the local authority commissioning team and used the information we gained to plan our inspection.

During this inspection we spent time in the home observing care and support being delivered to people in the communal areas. We looked at the environment , looked at three peoples care files and a range of records relating to how the service was managed; these included medication records, training records, quality assurance systems and policies and procedures.

### Detailed findings

We spoke with 11 people living at Polebank Hall, three visiting relatives, six members of care staff, the newly appointed manager, the acting deputy manager and the general manager.

# Is the service safe?

## Our findings

We looked at the medication arrangements in the home. Medication was stored in a locked treatment room. The home operated a Monitored Dosage System (MDS). This is a system where the dispensing pharmacist places medicines into separate compartments according to the time of day the medication is prescribed. Each person's medicines were stored in their own pigeon hole. The senior member of care staff told us the medicines were taken individually to people and once the medicines had been taken they were signed for on the medication administration record (MAR).

We saw that medication was checked on arrival at the home and unused medication was returned to the pharmacy for disposal. We saw that medication waiting to be returned to the pharmacy was not stored in a tamper proof container in line with the guidance from the National Institute for Health and Care Excellence (NICE). This was discussed with the senior carer and manager who during the inspection ordered an appropriate container from the dispensing pharmacy.

We were told by staff and evidence seen on the training record indicated that staff designated to administer medication had received appropriate training and had access to relevant policies and procedures.

The temperatures of medicine refrigerators were checked and recorded on a daily basis.

We found appropriate arrangements were in place for the storage of controlled drugs (CD's) which included the use of a controlled drugs register. We carried out a check of stock and found it corresponded with the register. However it was not clear from the register how often the stock of CD's were checked. The manager said they would implement clear and regular checks of the CD's balance.

We saw that there were no accurate recordings of prescribed creams being given to people. In addition there were no written guidelines to tell staff where or why medicines prescribed for example as 'apply twice a day as needed' should be given. This meant there was a risk that people were not receiving prescribed creams as intended by their GP which could result in unnecessary discomfort for the person.

This is a breach of Regulation 13, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw there were policies and procedures in place relating to staff recruitment which included a policy statement for ex-offenders. We looked at three personnel files and saw they included a fully completed application form that had details of the person's education and previous employment history.

Checks also included a full and satisfactory Disclosure and Barring Service (DBS) check or a Criminal Records Bureau (CRB). The DBS and CRB checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people from working with vulnerable groups. However we saw in one file the person had gone through the recruitment process to become a paid employee following a period of time working at the home as a volunteer. The home had a DBS in place from their time as a volunteer but this had not been applied for as part of the recruitment process before taking up post as a paid employee. In addition it was seen that this person had undertaken an induction as a volunteer but not when they took up post of a paid employee.

This is a breach of Regulation 21 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Pre-employment checks also included a minimum of two references, including one from the person's most recent or current employer. We saw photocopied documents of proof of identity and proof of address in the files we looked at. It was discussed with the manager that all photocopied documents should be signed and dated by the person taking the photocopy as proof of authenticity. We were given assurances this would be implemented in future staff recruitments.

The acting deputy manager told us that set interview questions were used and the responses given by the candidates were recorded. Keeping a record of the interview questions and answers demonstrated that the registered manager ensured the recruitment process was open, transparent and effective when selecting suitable people for the required role. We saw evidence of this in two of the files we looked at.

The people living at Polebank Hall who we spoke with told us they liked the staff and felt safe. Some comments included: "I feel safe," "it's not so bad," "I'm not neglected here and "I feel very satisfied with the care."

## Is the service safe?

Visitors who we asked also said they felt confident their relative was safe. Some comments included “I am very very happy with the care,” “I have never had a problem with the staff” and thought that they “were all well-trained overall.”

The Provider had a whistle blowing policy, a safeguarding adult’s policy and access to Tameside’s Multi Agency policy in connection with safeguarding vulnerable adults.

Staff spoken with told us they had received safeguarding adults training which was confirmed by the information seen on the training matrix (record). Staff were aware of the policies and procedures in place and were able to tell us what they would do in the event of witnessing or suspecting that abuse had occurred. Staff told us they would feel confident to report any suspected abuse or concerns of poor practice by any of their colleagues.

In the care files we looked at we saw a document titled risk assessments. However this was discussed with the manager because the information on the document was more of a statement rather than an assessment of risk and there was no evidence as to how the statement was reached.

We looked at the staffing rotas and how the service was being staffed. We did this to make sure there was enough staff on duty to meet people’s needs. The staff we spoke with told us they thought there were sufficient numbers of staff to safely meet people’s needs. During the inspection although the staff were busy we saw that people who required assistance were responded to in a timely way and did not have to wait long.

During this inspection we undertook a tour of the home including some bedrooms, toilets and bathrooms and spent some time in all communal areas of the home. On the first day of the inspection we saw that the hoist and wheelchairs stored on the ground floor were dirty which

was discussed with the manager. On the second day of the inspection we were informed that they had all been thoroughly cleaned and were going to be added to the cleaning schedule and the matter would be discussed at the next team meeting.

We were told that each person requiring the use of the hoist did not have their own hoist sling and they were not laundered in between use. We observed that hoist slings were stored on top of each other which posed a risk of cross infection. Best practice guidance in the Department of Health Prevention and control of infection in care homes – an information resource (February 2013) recommends that hoist slings are not shared between residents. The manager said they would ensure they would be stored on separate hooks to reduce the risk of cross infection.

We found a radiator in one of the shower rooms was not working which meant that the room felt cold. We were given assurances that the maintenance person had looked into it and action would be taken to address the situation.

We saw that appropriate safety checks were carried out to ensure people were cared for in a safe environment. We were told and saw documentation which indicated that regular checks carried out included the fire alarm system, firefighting equipment means of escape, emergency lighting and water temperatures within the home. It was noted that although the nurse call bells were regularly serviced they were not tested on a regular basis. This was discussed with the manager who said regular tests would be implemented.

We saw evidence that equipment was serviced on a regular basis which helped reduce unnecessary risk to people. To help alert people to fire, a fire alarm system was fitted and tested on a regular basis and we saw there was an emergency evacuation procedure in place.



# Is the service effective?

## Our findings

The acting deputy manager supplied us with the training record for all staff and said that she visually checked the training record on a weekly basis to ensure all staff were up to date with their training. This training record indicated what training staff had participated in to date. We saw training included moving and handling, safeguarding adults, basic food hygiene, first aid, infection control, health and safety, fire safety, safeguarding and Dementia care. We saw out of the 19 care staff employed seven had successfully completed a National Vocational Qualification (NVQ) at Level one, two or three. In addition a further seven care staff were enrolled to undertake NVQ level two or NVQ level three training.

Staff we spoke with told us that there was enough training provided.

The acting deputy manager told us that new members of staff completed an induction programme which included shadowing experienced staff. This was confirmed by staff spoken with. We saw a blank copy of the induction which included eight modules that required completion. However we were unable to see any completed modules during this inspection.

The acting deputy manager told us that staff received regular supervision and had team meetings. Records looked at and staff spoken with confirmed this. However we were told that staff did not receive an annual appraisal.

This is a breach of Regulation 23 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During the inspection visit we observed the lunchtime and evening meal being served. We saw that choices were offered and people were encouraged or assisted to eat and drink as appropriate. We received varying comments from people about the quality of the food. Some comments at the lunchtime meal included that the food was cold, "Could have been better" and "It's not so bad, it's okay." Due to these comments we observed and sampled some of the evening meal. There were two choices of main meal available which were chicken curry or pork casserole. We sampled the pork casserole and found it to be hot and tasty.

We looked at people's care plans and found that they contained information on people's personal preferences in

relation to food and drink. However we saw that there was no nutritional risk assessment although we did see that people's weight was regularly checked and where appropriate we saw that records of people's diet and fluid intake had been recorded and referrals had been made to a general practitioner (GP) and dietician when required.

Care records we looked at showed referrals were made to relevant health care services to address any changes in people's needs; this included GPs, dietician, district nurses, chiropodists and speech and language therapists. One member of care staff said "This home is really good at taking immediate action like referrals to the GP or any other health care professionals."

We saw that people had a weekly review undertaken in the home, which included a medication review, by an advanced practitioner or a GP from the local GP practice. Following the review the senior carer on duty telephoned family or advocates to inform them of the outcome of the review.

The manager told us that there was a qualified first aider available on each shift and it was her intention to implement a system to easily identify who the first aider was on duty at any one time.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The MCA provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions.

Before anyone is admitted to a residential facility there should be an assessment of whether they have the capacity to consent to this, and the care and treatment they will receive. If they are deemed not to have the capacity to make this decision then the process of establishing "best interests" as defined by the act should be followed.

This was discussed with the manager and it was agreed that prior to people moving into Polebank Hall these documents would be requested from the local authority or they would undertake their own assessments and have a best interests meeting.

The manager had undertaken training in MCA and DoLS and had an understanding of both. We were given assurances that they would obtain a copy of the MCA and DoLS Codes of Practice.



## Is the service effective?

Staff spoken confirmed that they had undertaken training in MCA and DoLS and had some knowledge and understanding of both MCA and DoLS.

At the time of this inspection one person was subject to a DoLS and a further application had been made for another person.

We were told that some of the people currently living at Polebank Hall had a diagnosis of Dementia. The

environment was not wholly conducive for people living with Dementia. There were no clear notices or signs on bathroom/toilet doors or on the lounge doors that would help aid orientation and independence.

**We recommend that the service explores the relevant guidance on how to make environments used by people living with dementia more ‘dementia friendly’.**

# Is the service caring?

## Our findings

People we spoke with told us they were happy living at Polebank Hall. One person when asked said “Yes I am very happy here.”

Visiting relatives were positive about the care provided. Some comments received were: “The staff are caring” and “The staff are attentive to questions.”

People living in the home looked well cared for. We saw that people were clean, neat and appropriately dressed. People who were unable to express their views appeared very comfortable with the staff that supported them.

Our observations showed us people were offered choices and were treated with kindness. We saw that staff had a good understanding of people’s individual needs and personalities.

Staff told us that privacy and dignity was respected and choice was encouraged. Our observations confirmed this. We were told that there was a good staff team working at Polebank Hall. Some comments included: “We all really care about them [the people living at the home] and we all get to know them very well,” “It’s like a little family” and “All the staff here are nice and kind.” We saw that dignity in care was discussed during staff supervision sessions.

In the care plans we looked at we saw they contained some information about people’s lives and individual

preferences. We saw that efforts had been made to obtain personal information about the person so that care could be tailored to meet their individual needs and preferences. However there was little evidence to illustrate how people were involved in discussions about the planning of their care.

We were told that end of life care was provided at the home and where possible, people were involved in decisions about their end of life care and had an advanced care plan in place. This is a plan of what they would like to happen at end of life.

We saw that staff were not trained in end of life care but we were told that the district nurses (DN’s) had close involvement and they had access to specialist healthcare practitioners such as Macmillan nurses.

People were provided with information about the home in the form of a Statement of Purpose and Service User’s Guide. However it was seen that the service user guide required updating as it made reference to outdated registration categories. Also the statement of purpose required updating as it referred to staff having specialist training that was not evidenced in the training record.

We saw that information regarding independent advocacy services were available in the main reception area of the home.

# Is the service responsive?

## Our findings

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We saw that information regarding independent advocacy services were available in the main reception area of the home.

# Is the service well-led?

## Our findings

The home had a manager who was registered with the Care Quality Commission (CQC) and an acting deputy manager had been appointed in the spring of 2014 to assist the registered manager. In an attempt to obtain people's views of the service being delivered we were told that a selection of people living at Polebank Hall or their relative/representative were sent quality questionnaires every six months by the registered manager. We saw that questionnaires had been sent out in July 2014. The results of these had not been collated but we were told and observed that one point raised in relation to the outside ramp had been actioned. The manager told us it was their intention to send further questionnaires out in March 2015 and produce a short report based on the results.

We saw systems were in place to monitor and review some parts of the service provided. These included the registered manager undertaking audits of the first aid kit, bedroom audits, people's weight, the treatment room, hoist and wheelchairs. However the current audits had not identified the shortfalls regarding the dirty hoists and wheelchairs that were found during this inspection.

We saw a document titled 'quality assurance audit.' We were told that this was the audits of care plans, medication administration, staff training, falls and complaints. This was

a check list and did not constitute an audit. There was no record of exactly what had been checked and if any shortfalls had been identified and what, if any action had been taken in response to the shortfalls.

The absence of clear and consistent monitoring systems meant that poor or inappropriate practices may not be quickly identified and people could be placed at risk.

**This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.**

We asked if quality questionnaires were sent to staff and/or visiting healthcare professionals to obtain their view of the service delivery. We were told they were not.

We were told that staff meetings were held approximately twice a year or more frequently if needed. The acting deputy manager said that minutes were taken and given out to the staff who could not attend the meeting. Staff confirmed this.

Staff spoken with told us that they felt well supported by the management team and due to the open door policy could speak to the registered manager or the acting deputy manager whenever they needed to. All the staff we spoke with said they enjoyed working at Polebank Hall.

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations  
2010 Management of medicines

The registered person had not protected people against the risks associated with unsafe use and management of medicines because there was not an accurate recording of some prescribed medicines.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations  
2010 Requirements relating to workers

The registered person had not ensured that all the information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying on the regulated activity.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations  
2010 Supporting staff

The registered person had not ensured that staff were receiving annual appraisals.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations  
2010 Assessing and monitoring the quality of service provision

The registered person did not effectively assess and monitor all aspects of the quality of the services provided.