

## Polonia Residential Home

# Polonia Residential Home

### Inspection report

17 Demesne Road  
Manchester  
Lancashire  
M16 8HG

Tel: 01612320719  
Website: [www.poloniahome.com](http://www.poloniahome.com)

Date of inspection visit:  
07 July 2021

Date of publication:  
09 August 2021

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Polonia Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service can support up to nine people aged 65 and over and mainly from eastern European backgrounds living with dementia. On the day of the inspection eight people were living at the service.

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

The provider had better oversight of the home's maintenance and safety checks were in place for gas, fire, water and electrical safety. Fire safety arrangements were in place; however, the home's fire risk assessment had not been completed by a competent person in this area. Assurances were provided a new fire risk assessment would be undertaken by a competent assessor.

Procedures to support the safe recruitment of staff had improved and there were enough staff on duty to provide the support people needed. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns.

New flooring in the home replaced the previous patterned carpets, however the home required further modernisation to create a dementia friendly environment for people using the service.

The home was clean, and all staff completed training in infection prevention and control. There were clear measures in place to manage the risk of the COVID-19 pandemic. However, we signposted the registered manager to guidance to ensure the home's infection control policy and procedures included the Coronavirus pandemic.

Staff received support via supervisions and training the provider considered mandatory. However, the provider's induction process for new staff needed to be revamped to ensure the Care Certificate (an accredited course) or its equivalent was introduced.

During the inspection we identified outstanding notifications of events which should have been sent to CQC, when they had occurred. This demonstrated a lack of effective oversight and systems within the service.

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. However, the provider's oversight of people's Deprivation of Liberty Safeguards (DoLS) needed to be improved, records on the day of inspection were not available.

People living at the home were happy and supported well by caring staff. People received care and support personalised to their individual needs and suited to their communication preferences.

Risk assessments and care plans were thorough and up to date and provided staff with enough detail to support people safely. Plans had also been translated in people's preferred language.

Improvements of the homes risk management procedures were found following our last inspection. However, the service needed to implement new quality systems to ensure there was a better oversight of performance and quality at provider level. Despite our findings, people we spoke with were happy with the care provided and staff felt supported by the registered manager.

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 last inspection

The last rating for this service was requires improvement (published 28 May 2019). At the last inspection we issued the provider with a warning notices for Regulation 15, 17 and 19. At this inspection we found persistent issues connected to the home's governance systems and the home remained in breach of regulation 17.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and establish if they were meeting the legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information 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?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# Polonia Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this focused inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection, we looked at the infection control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector who was accompanied on the visit by an interpreter who spoke Polish. We used an interpreter because people living at the service spoke Polish as their first language.

#### Service and service type

Polonia Residential Home is a 'care home' that provides care and accommodation to older people, some of whom live with dementia. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and deaths; and we sought feedback from professionals who worked with the service such as the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with the registered manager, the deputy manager and one care assistant. We reviewed a range of records. These included five people's care and medicine records, two staff recruitment files, staff training records, policies and procedures and quality monitoring and audits.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two family members.

# 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 on this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last comprehensive inspection, we found that the safe systems for recruitment had not been followed. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- We found that new staff had been employed subject to the appropriate recruitment checks.
- Recruitment information included a full employment history, written references and the completion of a Disclosure and Barring Service (DBS) check for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.
- Staffing levels were appropriate to meet the needs of the people using the service. Sufficient staff were available to meet people's needs promptly throughout our inspection and to enable people to follow their chosen activities.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection oversight of the home's maintenance was not well managed. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The service was better organised and introduced effective systems to identify risks connected to the service.
- Safety checks were in place for gas, fire, water and electrical safety. Regular health and safety checks were completed on the building and environment to ensure the service was compliant with health and safety regulations.
- All people's associated risks, such as skin integrity, falls and safe eating and drinking was assessed and documented and had also been translated in people's preferred languages.
- The registered manager completed the home's fire risk assessment in 2018, however we found they had not received comprehensive training or had experience in completing fire risk assessments. The registered manager was in agreement the current fire risk assessment needed to be completed in greater detail and provided assurances an external fire safety company would soon undertake a new fire risk assessment. The

service also needed to ensure fire drills were clearly recorded to evaluate its effectiveness.

- Accidents and incidents clearly documented details of what happened, action taken to manage the accident.

#### Preventing and controlling infection

- Improvements were required to ensure infection control practices were implemented effectively and in line with government guidelines.
- The provider's policy and procedure were not robust at mitigating the risk of Coronavirus. The provider was in the process of updating their policy and procedures to ensure it clearly covered the use of face masks and testing.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- During the inspection we signposted the registered manager to resources to develop their approach and implement practices to safely manage infection control and prevention within the home.

#### Using medicines safely

- Systems were in place to ensure people received their medicines safely and as prescribed.
- Staff had received appropriate medicines administration training and competency assessments.
- Medicines were stored safely, and administration records were completed fully.
- The registered manager and deputy manager ensured auditing of the medicines was routinely carried out to check medicines were being managed in the right way.

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

- Staff had a good awareness of safeguarding procedures. They knew who to contact if they had any concerns.
- People looked at ease and comfortable with staff. They consistently told us they felt safe. One person said, "Polonia is my favourite place, I prefer it to the hospital."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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).

- At the last inspection we found the registered manager's oversight of people's DoLS was lacking and we made a recommendation the registered manager contacts the local authorities for a follow up on their previous applications.
- At this inspection we found the registered manager's oversight was still lacking. Additional time was given to the registered manager to allow them to follow up on outstanding DoLS applications and we were satisfied people were not unlawfully being deprived of their liberty. The registered manager acknowledged our concerns and took action to establish an administrative system to more effectively track the authorisation and expiry of DoLS.
- Capacity assessments and best interest decisions were made. The service now ensured these were decision specific and evidenced the involvement from the person and significant others. There was no evidence that people had been unduly restricted.

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

- At the last inspection we made a recommendation the provider considers current guidance and best practice around dementia friendly environments. This is commonly known as a 'dementia friendly environment' and is evidence based in that dementia friendly environments can help people living with dementia and memory problems to navigate their surroundings better, which can help to maintain independence.
- At this inspection we found some progress had been made in this area, with new flooring throughout replacing patterned carpets. However, communal areas within the home décor was dark in presentation and dementia friendly signage within the home was only in English, considering the majority of people's first language was Polish.
- During an introductory tour of the home, we noted the majority of the people living at the home were

unable to mobilise and cared for in their bedrooms, therefore the environment did not impact their wellbeing and there was no evidence of people struggling to orientate themselves around the home.

- The registered manager provided assurances the décor would be addressed going forward in line with dementia friendly environments.

Staff support: induction, training, skills and experience

- The staff team received key training the provider considered mandatory, in areas such as safeguarding, fire safety and communication, with a 100% completion rate in these topics.
- All new employees completed an induction programme when they joined the service. This consisted of a mix of formal training and shadowing experienced staff. However, the induction did not consider the care certificate. The care certificate was introduced in April 2015 and is designed to help ensure all staff have an understanding of current good working practices in care. We were provided with assurances the care certificate would be rolled out and staff who did not have a wealth of experience in health and social care would be prioritised.
- Supervision and appraisal systems, and staff meetings continued, this supported the development of staff.

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

- Assessments of people's needs were comprehensive and identified expected outcomes such as personal care, medical history, food and mealtimes, communications, mobility and religious observance.
- The registered manager carried out an initial assessment of each person before they started living at the home. This helped to ensure the care home could effectively meet their care and support needs.
- We saw relevant referrals had been made where further assessment was required to support people's needs. For example, one person was referred to the district nurse in relation to a specific condition.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's dietary needs were assessed and outlined in care records. This included special diets, allergies and people's preferences.
- The service proactively managed people's health and wellbeing needs as required; this included nutritional screening, pressure care and falls.
- Care records evidenced that people's concerns were regularly monitored if risks such as malnutrition or pressure ulcers had been identified. We saw the appropriate referrals had been made and advice from the GP and district nurses when required.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection, there was a lack of proper oversight of the service, auditing and checking processes were not sufficiently robust. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Improvements had been made in management processes to monitor people's safety, safe recruitment checks of new staff and ensuring the home was safely maintained.
- Although the provider had auditing systems in place, we found essential items connected to the home had not been fully considered, which did not provide assurances the service had good oversight of the home or keeping up to date with relevant legislation.
- For example, the providers oversight of people's DoLS was not up to date, the décor of the home was not dementia friendly in communal areas and the providers infection control and business continuity plan had not been reviewed to consider the Coronavirus pandemic.
- A programme of training and development was in place for the staff team. However, training records did not evidence the staff team's induction covering the care certificate or its equivalent. Although the staff team had all obtained a minimum of Qualification and Credit Framework (QCF) level 2, future potentially inexperienced staff would not have a through induction.
- There was a lack of oversight from the provider. During and after the inspection we requested the providers audits for the service, however we were informed by the registered manager the provider didn't undertake audits of the service. This meant there was an overreliance of the management team and staff performing adequately.

We found no evidence that people had been harmed, however new processes and systems need to be further embedded and then sustained to ensure continuous improvement. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People and relatives were satisfied with the quality of care they received from the service. One person relative said, "Polonia is the best care home they could imagine for [person's name]." Another person's relative commented, "The staff are fantastic, and everything is brilliant."
- The culture of the service was positive and inclusive. Although we only spent a short time in the service, we saw there was a relaxed atmosphere between people and staff. Staff spoke about people with care in their preferred language.
- Regular meetings were held with staff and people including a daily handover where the staff on duty met to raise any concerns or information to be aware of.
- The provider had been supported by the local authority, performance and quality improvement team and developed an ongoing action plan, detailing what action would be taken to drive improvement and ensure quality and safety at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives spoke positively about the management team. They told us they were able to speak with them and observations showed people approached the managers without hesitation if they wanted to speak with them.
- Statutory notifications required by law had not always been submitted to CQC when a DoLS notification had been granted. The registered manager acknowledged this had been an oversight and provided reassurances this would be addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and staff team created an open culture and encouraged people to provide their views about how the service operated. A staff member said, "I feel it's a great place to work, the people we care for are like our families."
- Opportunities were provided for people and their relatives to comment on the service provided at the home. The registered manager commented they were due to send out surveys to families for 2021.
- Measures had been taken during the COVID -19 pandemic to facilitate people maintaining contact with their relatives.
- The service worked effectively with partner agencies. We spoke with a commissioning organisation who told us the service had been improving and working with them effectively.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems and processes to assess, monitor and improve the quality and safety of the service.</p>