

Polonia Residential Home

Polonia Residential Home

Inspection report

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Website: www.poloniahome.com

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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

We carried out this inspection on the 11 December 2017 and the inspection was unannounced. Our last inspection of the service was on the 26 September and 3 October 2016, where we rated the service 'Requires Improvement'. At that inspection we found the service to be good in caring and requires improvement in safe, effective, responsive and well led and we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment and need for consent. This meant that the service wasn't meeting the expected standards at the last inspection. At this inspection we found improvements had been made in these areas.

Polonia Care Home is a residential home providing care to nine older people mainly from Eastern European backgrounds. There are seven single bedrooms and one shared room.

A registered manager was 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.

People did receive their prescribed medicines on time and medication was stored safely. Medicines were audited regularly and balances of medicines were correct.

Staff were aware of the signs and symptoms of abuse, how to report concerns and who they would report to. There was a whistle blowing policy in place and staff were aware of the policy and were also aware of the safeguarding policy.

Pre-employment checks for new staff members were not always completed satisfactorily.

There were policies, procedures and risk assessments in place in relation to health and safety and fire safety. However the policies required further work to personalise them to the service.

Staff were kind and caring to people living at the service. They were knowledgeable about the person and their needs and followed care plans to support people.

People living at the service had risk assessments in place but further work was required to document the management of the risks and plans in place to reduce the risks.

Staff received training appropriate to the service and staff were given the opportunity to continue their own personal development. They were given the opportunity to attend staff meetings and receive regular supervision.

People and their representatives and health professionals were very complimentary of the service and the staff team.

People's health needs were met in a timely manner and the service had access to advice and support from a care home team who was able to offer earlier diagnosis to illness which reduced the likelihood of people requiring admission to hospital.

The service was working within the principles of the Mental capacity Act 2005 and the service made appropriate referrals if people were being deprived of their liberty.

At this inspection we found two breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safe recruitment of staff and good governance. You can see what action we have told the provider to take at the back of the full version of this report.

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

The provider did not ensure that recruitment checks were fully completed.

Staff were trained and knowledgeable about safeguarding vulnerable adults from abuse and people felt safe living at the service.

People received their medicines as prescribed and medicines were safely managed and audited

Is the service effective?

Good ●

The service was effective

The service was involved with a local care homes project in conjunction with GP surgeries which supported people to be cared for at home rather than go into hospital.

The service was working within the principles of the Mental Capacity Act 2005 and making appropriate referrals for people who may be deprived of their liberty.

People were given choices around their dietary intake and any concerns around food and fluid intake were reported to the appropriate health professionals.

Is the service caring?

Good ●

The service was caring

People were treated with dignity and respect. Staff referred to people in ways that respected the Polish culture.

Relatives and professionals were very complimentary about the service.

Religious choices were respected and promoted.

Is the service responsive?

Good ●

The service was responsive

The Eastern European culture was promoted throughout the service.

The service has received no complaints.

End of life care was planned with people to enable people to make choices and preferences as to how they want to be treated at the end of their life.

Is the service well-led?

Requires Improvement ●

The service was not always well led

Policies and procedures required further work to personalise them to Polonia Residential Home.

Further work was required to monitor the health and safety of the service.

The registered manager sought feedback on the service and the responses were very complimentary. However, there were no formal meetings held for residents and relatives as a group.

Polonia Residential 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.

Polonia Care Home provides residential care for older people predominantly from the Polish or other Eastern European communities. The home has 9 beds and is situated across two floors. All the staff working at Polonia Care Home were English and Polish speaking.

The inspection took place on 11 December 2017 and was unannounced. This was the first inspection of Polonia Care Home since it had been re-registered with the Care Quality Commission in September 2017. The re-registration had taken place as a business entity to reflect changes to the provider's named responsible people. This did not create any changes to the overall registration of the home. The home, under its previous legal entity, was inspected on 26 September and 3 October 2016. References throughout this report to 'the last inspection' concern this inspection.

The inspection team consisted of one adult social care inspector and a Polish speaking interpreter.

We sought feedback from the local authority commissioning and safeguarding teams as well as the local Healthwatch board. Health watch is the independent consumer champion that gathers and represents the views of the public about health and social care services in England. No one raised any concerns about Polonia Residential Home.

As part of the inspection, we reviewed information that we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we observed interactions between staff and people who used the service within the communal lounge and in people's bedrooms. We spoke with two staff members, the registered manager, the deputy manager and a visiting health professional. We also spoke with three people who used the service and two relatives and a friend of one person living at the service. We looked at records relating to the

service. This included three care records, four staff personnel files, daily record notes, three medication administration records (MAR), staffing rotas, training and supervision records, minutes from staff meetings, maintenance records, quality assurance systems, incident and accident records, policies and procedures and compliments and complaints.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. More details our findings can be found in the report.

Is the service safe?

Our findings

People we spoke with told us that they felt safe and well cared for while living at the service. One person told us "I feel safe, the nurses are kind, I have no complaints, it's perfect." Another person told us "I feel safe, it's not too bad."

People told us they would be confident in reporting concerns to the manager, one person told us "the nurses listen to me, I can talk to them about anything." A relative told us "[Registered manager] is very good, they will 100 percent take on any concerns."

Staff had received training in safeguarding vulnerable adults and knew what action they would take if they witnessed or suspected abuse had taken place. One staff member told us "I would report any concerns to the manager or go to the safeguarding team." Another staff member said "I would look for physical or mental changes in behaviour, any bruising or anything concerning and report it to the manager." Staff told us that they were aware of the whistle blowing policy and knew how to follow the procedure. Staff also told us that they were confident the registered manager would act on any concerns they had. This meant staff were aware of their responsibilities around safeguarding vulnerable people and there was confidence in the registered manager to act on any concerns raised.

We saw that medication was stored in a locked medication room next to the kitchen in the basement. The basement was not accessed by people who used the service. We saw that daily records were kept of room temperatures and fridge temperatures and these were within the acceptable ranges..

We saw that medication was given as prescribed. We looked at the medication administration records (MAR) for three people. We saw that there were robust systems in place for the recording of medicines received into the service. Medicines were stored in a monitored dose system (MDS). An MDS helps to keep track of what medication is required and when to take it. The tray has a number of compartments which have the day of the week and time of the day labelled on them.

This reduced the risk of medication errors occurring as staff could clearly see when the medicines were due to be administered. We saw that MAR charts were fully completed and contained a photograph of the person. This meant that the person could be easily identified.

We saw for one person who was prescribed anti-coagulant medicine, a fully completed MAR chart accompanied an anti-coagulant therapy book. Stocks of anti-coagulant medicines were clearly documented on the MAR and we checked the amount of the medicine remaining and stocks were correct. This meant that this person had been receiving the correct anti-coagulant medicine as prescribed by the anti-coagulant clinic and the medicine has been appropriately recorded and audited.

We saw in each medicine record we viewed that people had protocols in place for the safe administration of "when required" medicine. When required medicine is a medicine such as paracetamol, which is not routinely required daily. The protocols gave guidance to staff for the signs and symptoms people may display when in need of this medication. The guidance included monitoring of temperature, skin pallor and

looking for changes in people's general health. This meant staff were able to monitor people who didn't communicate by looking at other changes in their health and wellbeing. We also saw that the protocols were written in English and Polish which meant that people living at Polonia Residential Home and staff could read and understand the documents in their preferred language.

There were records kept for the safe administration of creams. Also a body chart accompanied the record and gave directions for the location of the cream to be applied. All creams administered had been signed for on the MAR chart.

There were weekly recorded audits in place for checking on quantities of medicines, MAR charts, managing stock levels and storage. We saw audits had been fully completed for the preceding four weeks prior to the inspection. No concerns had been found during the audits. The deputy manager told us that they were responsible for the weekly audits of medicines. We checked boxed medicines for three people and found stock levels were correct.

The deputy manager told us that during staff supervision, they checked with staff their understanding of safe administration of medicines; this was evidenced as a discussion in staff supervision records. Staff also received annual training in the safe administration of medication.

At the last inspection, we told the provider to take action as people were not protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to manage medicines. This led to a breach under Regulation 12 of the Health and Social Care Act 2008 regulated Activities Regulations 2014. We found at this inspection that all actions had been addressed and medication was being managed safely.

From the four staff personnel files we viewed, we saw a Disclosure and Barring Service Check (DBS) in place on each file. A DBS check assists in recruitment decisions ensuring that unsuitable people do not work with vulnerable groups. Two of the personnel files had two references which were written in Polish. The Polish interpreter confirmed the contents of the references which were appropriate to the person's job role. The third staff personnel file had one reference. The fourth staff personnel file had received no references. The registered manager told us that they had struggled to get references as they had contacted the staff member's previous employer on numerous occasions to request references but the employer had not responded. We discussed with the registered manager during inspection, their responsibilities under the Health and Social Care Act 2008 (Regulated Activities 2014) and when assessing whether an applicant is of good character, providers must have robust processes and make every effort to gather all available information to confirm that the person is of good character. The registered manager told us that the service did not have a recruitment policy and the provider was currently working on drawing up a policy. However, the registered manager was able to confirm the correct procedure for the safe recruitment of staff to work with vulnerable people.

The four personnel files contained an application form but did not include a full employment history. This meant that required recruitment checks were not always completed. All of the personnel files we viewed contained completed inductions which had commenced on employment with the service.

The provider did not ensure that recruitment checks were fully completed and did not make every effort to gather all available information to confirm that people employed by the service were of good character. This was a breach of Regulation 19 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities 2014).

Throughout the inspection, we saw there were enough staff on duty to meet the needs of people. We saw

that the communal lounge was well supervised and call bells were answered in a timely manner. There were two staff on throughout the day and the provider and registered manager were also supporting people. At night there was one waking staff member and one person on a sleep-in, in case of emergencies. The staffing rotas confirmed that this was a common theme throughout the week. A relative told us that they always saw staff around during their visits to the service.

We saw that the service used pressure relieving mattresses and cushions; this assisted in preventing pressure sores occurring. The registered manager told us that if any concerns were raised in relation to people's skin integrity, the service sought the support of the community district nursing team who gave support to manage pressure sores and gave advice on pressure area care. People had their skin integrity assessed monthly and staff we spoke with were aware of people who might need repositioning in their bed or chair to reduce the risk of pressure sores occurring. This meant that people were receiving suitable care for the prevention and treatment of pressure sores.

We observed that where there were hazards such as steps or stairs, they were protected by safety gates and high visibility markings to alert people to the hazard and assist in preventing accidents. At the time of inspection, there were no persons living at the service assessed as able to use the stairs.

We saw that people have been assessed and identified for risks of falls but found there weren't any management plans in place for people who had fallen, the registered manager told us that no one had fallen for some time. Staff also told us that they ensured that people were using the correct equipment such as zimmer frames and ensured the environment was clear for people who are mobile. People who required bed rails were risk assessed and were reviewed monthly. The bed rail also received a monthly check as part of the risk assessment to ensure it was safe. The service would benefit from recording in the care plan what actions need to be taken when someone has fallen and what could be put in place to minimise the risk of people falling.

We saw records of accidents and incidents which included action taken to reduce the risk of the accident or incident occurring again. The registered manager told us that the service had very few accidents or incidents as everyone was closely monitored. We have not received any notifications for serious incidents for the service.

People who required assistance with moving and handling had manual handling risk assessments in place. The risk assessment confirmed what equipment and staffing levels were needed to safely move people but did not give guidance to staff for managing any hazards, such as managing people when they fall. The service needs to adapt the risk assessment to give staff guidance on managing the moving of people when they have been involved in accidents or incidents. There was one person living at the service that required hoisting. Staff we spoke with said they had received training in moving and handling. A certificate confirming this was available on their staff personnel file.

We saw that Personal Emergency Evacuation Plans (PEEPs) were available for people living at the service. These documents gave information to staff on how to evacuate people from the home in an emergency. Staff we spoke with, were aware of the plans and were able to tell us what type of assistance would be required for each person. This meant that staff knew what support was required for people to evacuate them safely from the service in an emergency.

We saw all equipment had been serviced according to the manufacturer's instructions. There were weekly internal checks of the fire alarm system, emergency lighting, nurse call alarm and water and room temperatures. An external organisation had completed a legionella risk assessment. We viewed servicing

certificates which were in date for gas, fire alarms, electrical installation, emergency lighting and hoist. The service had appointed an external organisation to manage the passenger lift. There were documents in place confirming that the lift had been serviced at regular intervals but there was not a copy of the Thorough Test of Examination report as required by The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). The registered manager was advised that they should request a copy from the contractor. There was a fire risk assessment in place completed by an external provider and all actions had been completed. We saw that six monthly fire drills were completed for all staff.

We observed that personal protective equipment (PPE) was readily available throughout the service and staff were seen to be using PPE at appropriate times. The service used an incontinence macerator to hygienically dispose of continence products. Cleaning records were completed daily and we saw records relating to monthly checks of mattresses and cushions. We found the service to be clean throughout and were assured that the service was taking necessary action to prevent the spread of infection.

Is the service effective?

Our findings

One relative told us "The food is lovely; there is always choice and when I visit I can eat with [Name]."

Care plans gave information on people's specific diets, type of diets and if they ate independently. We saw for one person that they received a soft diet which gave examples of the types of food they preferred. Care plans also stated where people preferred to eat and when, for example if their preference was to have breakfast later after staying in bed.

The home provided a traditional Polish diet but menus could be adapted to suit a person's preference. Staff told us that diets were adjusted to what the person wanted. Each care file we looked at contained a diet assessment which looked at appetite, oral health, fluid intake, nutritional history and likes and dislikes. There was no one currently at the home who was receiving a specialist diet but the registered manager and staff confirmed to us that they would request a referral to the Speech and Language Therapy team if they felt someone was having difficulties with swallowing or at risk of choking. This meant that people were given choices for their food preference and that any concerns around eating and drinking were acted upon.

We observed lunch at the home. People were served a traditional Polish soup followed by a main meal. Staff were attentive to people and gave them choices of where they would prefer to eat. We observed staff assisting some people to eat and a relative was assisting their family member. Throughout lunchtime, we observed that the atmosphere was relaxed and staff communicated with people throughout the meal time. The food was hot and people commented positively on the quality food. One person said "Borscht (Beetroot soup) is really good."

Staff we spoke with said that they were kept up to date with training. We saw that staff were receiving regular training which included moving and handling, safeguarding, deprivation of liberty safeguards, nutrition, dementia, medication, fire safety and first aid. One staff member told us that they had been able to complete a level 2 National Vocational Qualification (NVQ) in Health and Social Care while working at the service. The registered manager told us that an external organisation provides the training for the service and the registered manager interprets for those staff members who speak Polish. This meant that staff had the training required for the role within the service.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA., and whether any conditions on authorisations to deprive a person

of their liberty were being met.

We saw that capacity assessments have been completed for four people around making the decision to remain in the care home and use of bed rails. Appropriate DoLS referrals had been made to the local authority, however the local authority had not yet been to the service to assess people deemed as lacking capacity to make decisions were being deprived of their liberty. We advised the registered manager during inspection to speak to the local authority to ensure the referrals had been received and gain further information about the assessment process.

At the last inspection, we found that applications for the Deprivation of Liberty Safeguards had not been considered for people whose liberty may be deprived. At this inspection, we found that people had been assessed for capacity and referrals had been made to the local authority for further assessment.

The service has been part of a project within the local area in which GP surgeries worked with care homes to support people to stay at home rather than go into hospital when they become unwell. This had reduced the amount of hospital admissions as a team of care home nurses were able to visit people within the service, assess and diagnose conditions and prescribe medication quickly. The GP also visited the service weekly and carried out reviews of people, looking at their condition, symptoms and medication. This meant that people could stay at home if they wished and be treated in an environment where people knew them and their needs and that any illnesses could be treated quickly.

People were assessed for risk of malnutrition and were weighed monthly. We saw in peoples care files that where they had lost weight, appropriate referrals were made and advice sought from the GP or care home nurses. Referrals were made to the community district nursing team for equipment such as pressure relieving cushions. There was a log of health professionals' visits recorded and health reviews were completed as part of the monthly audit of care plans.

One relative said "The GP visits once a week and reviews [Name]; it's great. [Name] had a fall and the staff rang me straight away. I am very pleased; [Name] is well looked after, clean and well fed." Another person told us that the registered manager informed them if their relative one was reviewed, for example by a psychiatrist or an optician.

This meant that people's health needs were being met by health professionals supporting the service. Staff were pro-active in raising concerns they had about people's health and a visiting nurse we spoke with told us that the service contacted the care home nurses in the first instance when they had concerns about a person.

We saw that staff received regular supervision and staff meetings were held monthly. The documents were in Polish and the Polish interpreter confirmed the information in the documents were appropriate to the person's role and the service.

Polonia Residential Home is a family run service which has seven staff members. We found staff to be very knowledgeable about people living at the service and they could describe care plans and what risks were posed to each person. Staff told us that they would be happy to place one of their relatives in Polonia Residential Home and felt they would be well cared for.

Polonia Residential Home is decorated with traditional Eastern European ornaments and art work. We saw that the bedrooms were fitted with non-slip laminate flooring and the communal lounges were fitted with patterned carpets. It may be beneficial as part of any planned refurbishment for the service to consider a

plain coloured carpet as People living with dementia may have visual challenges, which can cause confusion and spatial problems which may lead to falls.

Is the service caring?

Our findings

People told us that they found the home to be caring. One person told us, "The staff are very hard working, nothing is too much trouble; if it was no good here, [Name] wouldn't be here."

A visiting nurse we spoke with told us "The care is second to none. Staff are very kind, caring, considerate. If I ask them anything, it is done. They have a good rapport with other nurses. It's not a home we worry about."

One person who had recently moved into Polonia Residential Home told us "I am happy here; I have just celebrated my 100th Birthday and the home organised a party for me, they are all so kind."

A friend of a person who lived at Polonia Care home told us "It's the best place for [Name], the care is wonderful. [Name] is doing so much better now they are in here. [Name] is very well cared for and it's the best place around here."

We saw kind interactions from staff to people throughout the inspection. Staff spoke to people in Polish and the Polish interpreter confirmed that conversation was appropriate for the group of people. There was a person who did not speak Polish and we saw that staff spoke to the person in English. The atmosphere was relaxed and there was a constant flow of conversation heard.

People were referred to by Pani [Name]. Pani means "Mrs" in English and was seen as a respectful way of referring to older people within the Polish culture.

We saw that staff knocked on doors of people's bedrooms and asked for permission to enter.

Shared rooms had privacy screens to protect the privacy and dignity of those receiving personal care. Staff told us that they encouraged people to do as much as they could for themselves and intervened when the task became too difficult for the person to do.

People's preferences, likes and dislikes were recorded in their care plans. The staff we spoke with knew the people they were supporting well and were able to describe their routines and activities.

Where people lacked capacity and did not have any relatives, the registered manager told us that they were able to contact advocacy service on the persons behalf. An advocate is independent of the funding authority and the service provider and speaks on behalf of the person living at the service, to ensure that their views are considered and their rights are protected. At the time of inspection, there was no one living at Polonia Residential Home who used advocacy services.

People's religious and cultural needs were recorded in their care plans. The care plan documented if the person wished to attend the monthly Holy Communion or if there were any other wishes to be met on a religious or cultural ground. This meant that people could continue to follow their faith as they wished.

We saw that care files were stored securely in the registered manager's office and was only accessible to staff working at the service.

Is the service responsive?

Our findings

We looked at three care files and found they contained a pre-assessment of people's needs, which had been completed before the person entered the home and an overview of their medical history. This assisted in ensuring that the person was suitable for the service and that the service could safely meet their needs.

Care files contained care plans which were tailored to people's individual preferences. The care plans included a daily living and needs assessment which described what help people needed with mobility, personal care, vision, hearing and oral care and communication. We saw information relating to the person's risk of falls, nutritional risk and risk of developing pressure sores. Information was recorded on what help people required with managing medicines and if there were any wishes to be assessed for self-medicating. No one living in the service chose to self-medicate at the time of our inspection. There was a care plan which discussed people's mental health and cognition; these care plans gave reference to people's conditions but people would benefit more from more in-depth care planning. We recommend that care plans for mental health and cognition are reviewed and updated to ensure they are personalised to the person's condition and give guidance to staff to support the cognitive impairment and any associated behaviours. Care plans were written in Polish and English which meant that people, their families and professionals could contribute to and read them.

Staff we spoke with knew what care and support was required for each person at Polonia Residential Home. The service had a very low turnover of staff and some of the staff members had worked at the service for over 10 years. One staff member we spoke with was able to tell us in detail the care required for a particular person. They also told us that the registered manager was very good at keeping staff informed of any changes in people's needs and a relative told us that they had been able to contribute information to their relative's care plan.

We viewed daily notes written by the staff team about people living at the service. Notes included the support that had been given to the person throughout the day and night, as well as recording food and fluid intake.

The registered manager held monthly one to one meetings with people living at the service, or their family. We saw the documented meetings included questions asked of the person, for example how they were feeling, if they felt safe and any life goals they had. All the outcomes from the meetings were positive.

The service had access to Polish TV channels and on Sundays people told us they chose to sit together and watch the Sunday mass, screened live from Poland. The Polish priest visited once a month and people were able to receive Holy Communion if they wished. We saw photographs of a traditional Polish Christmas being celebrated and Easter breakfast. The registered manager told us that the Polish Scouts visited at Christmas and sang carols for people living at the service, which they enjoyed. We observed staff interacting with people. One staff member was throwing a ball with group of people and they appeared to enjoy the interaction and throwing the ball back. Another staff member was singing old Polish folk songs and encouraged others to join in. Staff we spoke with said they often sit with people and look through old

photos and use the photos to start a conversation.

We saw there was a complaints policy in place for anyone wishing to raise a complaint. The registered manager told us that the service had not received any complaints. Staff told us that in the event of a complaint being raised, they would take the details of the complainant and refer the details to the registered manager. The complaints policy was available in Polish and English which meant it was accessible for people whose first language was not English. Relatives we spoke to said they would be confident in approaching the registered manager if they had any concerns or complaints.

In the main hallway there were cards on the wall giving thanks to the service for their care. One card said, "Thank you so much for looking after Grandma in her final year, it was so nice to see her happy and have good company." A second said, "staff dedicated, friendly, helpful, cheerful and caring in a genuine way," and a third card said, "Thank you so much for the care that was given to our mother."

The registered manager told us that for people who lived at Polonia Residential Home, their preferred place to be at the end of their life was at the home. We saw in some care files that a GP had reviewed the person's condition and discussed with the person and their family, factors such as resuscitation and choosing to be treated at the care home, rather than going into hospital. For some people, this had led to the agreement of a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) which meant the person wished not to be resuscitated in the event of sudden cardiac arrest. Staff we spoke to were aware of who had a DNACPR in place. This meant that people could make dignified choices around end of life care and be supported at the end of their lives by staff who knew them well.

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). The registered manager was supported by a deputy manager.

A visiting nurse told us, "The registered manager is very hands on; they know the people here well."

A relative told us that they found the registered manager very approachable and always visible in the home. Also that they had full confidence in them managing Polonia Care Home.

The provider lived on the premises and the registered manager told us that they were available in the home each day although we did not see them on the day of inspection.

The home did not have residents or relatives meetings. The registered manager did monthly reviews of people's care plans with the individual or their family, where either party could give feedback. We also saw that quality assurance satisfaction surveys were completed annually.

There were three survey responses from family members for us to view which rated the service highly for very good care and comments made were that the service was always welcoming and a brilliant home.

Staff members we spoke with spoke felt supported by the management team and the provider and told us they were approachable.

We saw robust systems in place for the management of medicines and clear audits of medicines.

There were some systems in place to monitor the cleanliness, infection control and fire safety of the service. There were no systems in place for monitoring of window restrictors or visual checks of electrical equipment. There was also no written record of provider visits to review the service. There was no audit of staff personnel files available to check where staff didn't have the required pre-employment checks. Providers must have effective governance, including assurance and auditing systems or processes. The systems and processes must also assess, monitor and mitigate any risks relating to the health, safety and welfare of people using the service.

The provider did not have sufficient audits in place to monitor the health and safety of the service nor did the service receive documented provider visits. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014).

We discussed with the registered manager that we had received two statutory notifications from them since the last inspection. The registered manager was aware of why they might need to send a Statutory Notification to the Care Quality Commission and understood their responsibilities.

The policies and procedures we viewed were generic printed copies specifically designed for care home environments but not specific to Polonia Residential Home. The registered manager told us that the service is looking to develop their policies to be more specific to the service although there was no time scales for

this to occur. Policies were reviewed annually.

We saw that a business continuity plan was in place to assist in managing the service in the event of a power cut, flood or if at any times, people needed to be moved to a place of safety. This meant that there were plans in place to continue the running of the service during periods of disruption.

Staff meetings were held bi-monthly and were recorded in English. We saw that staff were given the opportunity to contribute to meetings and share ideas and information.

We saw that the service was displaying the last inspection Care Quality Commission (CQC) rating within the home. This is a legal requirement for any premises providing a regulated activity. At the last inspection, the overall rating for the service was requires improvement. At this inspection, we found that the service remains requires improvement.

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 sufficient audits in place to monitor the health and safety of the service in relation to monitoring of window restrictors and visual checks of equipment. There was no audit of staff personnel files to check where staff didn't have the required pre-employment checks</p> <p>And</p> <p>There were no written records of provider visits to the review the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not ensure that recruitment checks were fully completed and did not make every effort to gather all available information to confirm that people employed by the service were of good character.</p>