

Somerset Care Limited

# Polars

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced, comprehensive inspection of Polars in April 2016. A breach of legal requirements was found. People were not protected from the risk of harm and infection control arrangements were inadequate. After the comprehensive inspection, we issued a warning notice requiring the provider to take action. The provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this unannounced focused inspection on 1 September 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Polars on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Polars is a residential care home for people requiring personal care. A maximum of 37 people can be accommodated and at the time of our inspection there were 29 people living in the home, some of whom had physical disabilities or were living with dementia. Care is provided over two floors, with two lifts providing access to the upper floors. On the ground floor there are several communal lounge areas, a hair salon, a dining room and a garden.

A registered manager was not in place at the time of the inspection, although the manager had applied to be registered with CQC and their application was being processed. 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.

Most people were protected appropriately from the risk of falling. Where people had fallen, staff took action to reduce the risk of recurrence. However, staff had not considered changes to improve the safety of the environment for a person who had fallen on multiple occasions, although the manager agreed to do this.

Where needed, staff monitored people's blood sugar levels effectively and took positive action when the levels were too high or too low. This helped ensure people's health was maintained.

People were cared for in a clean, hygienic environment. Infection control risks had been assessed. Staff had been suitably trained and followed appropriate procedures to reduce the risk and spread of infection. The laundry had been refurbished and new storage arrangements had been put in place to keep people's topical creams safe and minimise the risk of cross infection.

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

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve the safety of people living at Polars.

Most people were protected appropriately from the risk of harm. Action was taken when people's blood sugar levels were too high or too low to help maintain people's health.

People were cared for in a clean and hygienic environment. Staff followed appropriate infection control procedures to reduce the risk of cross infection.

We could not improve the rating for the 'Safe' key question from 'Requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

# Polars

## **Detailed findings**

### Background to this inspection

We carried out this focused inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements of regulation 12 of the Health and Social Care Act 2008 relating to the safe care and treatment of people.

The inspection took place on 1 September 2016 and was conducted by one inspector. Before the inspection we reviewed notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law. We also reviewed the previous inspection report and a warning notice that had been issued in relation to the safe care and treatment of people.

We spoke with three people living at the home. We also spoke with the manager; the deputy manager; three care staff and a housekeeper. We looked at care records for four people, together with records of accidents and incidents that had occurred. We also looked at infection control arrangements and the way laundry was processed.

# Is the service safe?

## Our findings

We undertook an unannounced focused inspection of Polars on 1 September 2016. This inspection was to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 19 & 22 April 2016 had been made. We inspected the service against one of the five questions we ask about services: Is the service safe? This was because the service was not meeting some legal requirements.

At our previous inspection we identified that risks to people falling were not being managed effectively and infection control arrangements were not adequate. At this inspection we found action had been taken.

Most people were protected appropriately from the risk of harm. Where people had fallen, the person's risk assessment was reviewed and staff considered additional measures that could be put in place to protect the person. For example, after one person had fallen in their room, a monitoring device was put in place to alert staff when the person moved to an unsafe position.

One person had fallen in their room in June and July 2016. Staff put a monitoring device in place and checked whether the person had an infection that could cause them to become confused. The person then fell off their bed on three successive days in August 2016 and staff contacted the person's GP so a referral to the falls prevention clinic could be considered. The GP did not feel a referral was appropriate and staff did not consider other options to reduce the level of risk, such as altering the layout of the person's room or offering them a different type of bed. We discussed this with the manager, who took immediate action to review ways that the person could be protected from further harm.

Other people were supported to take risks that helped them retain their independence and avoid unnecessary restrictions. For example, staff encouraged people to mobilise using their walking frames; they remained close by, in case the person needed additional support, but allowed them to travel at their own pace and retain their independence. One person told us, "I'm very happy with the way [staff] support me. I've no worries and know they look out for me."

Senior staff maintained a record of all falls that occurred throughout the home to identify trends or patterns. This showed the overall number of falls had reduced in recent weeks, which a senior staff member attributed to an increased use of equipment by staff to support people to move or reposition, such as stand-aids and hoists.

At our previous inspection, we found action was not always taken when people's blood sugar levels were found to be outside their normal range. At this inspection we found staff took effective action when needed. For example, when one person's blood sugar reading was particularly high, staff contacted the person's GP for advice. Staff followed their advice by increasing the dose of a prescribed medicine and monitoring it again at specified intervals.

People were cared for in a clean and hygienic environment. One person said, "Everywhere is nice and clean

and my bed is changed every week."

The provider had assessed all other infection control risks and taken action to reduce the risks; they had also completed an annual statement of infection control detailing events that had occurred over the past year. Regular audits were conducted to check that best practice guidance was being followed and these had led to the purchase of new beds to replace some that had become stained. New boxes had also been introduced to store people's topical creams on an individual basis. This was an improvement on the system that was in place at our last inspection and helped reduce the risk of cross contamination.

All staff had been trained in, and followed, infection control procedures. Personal protective equipment was readily available at key points throughout the home and we saw staff using this appropriately. Cleaning schedules were in place for each area of the home, and staff completed check sheets to show they had undertaken cleaning in accordance with the schedules.

Staff were clear about how to handle soiled linen safely. They used soluble red bags which could be placed directly into the washing machine without having to be opened first. Staff were aware of people who had tested positive for infections that were resistant to antibiotics and took appropriate precautions when processing their bedding and clothing to control the risk of spreading the infection.

The laundry room had been refurbished since our last inspection. A new door had been installed, together with new hand washing sinks, and the room had been de-cluttered. It was a clean, hygienic environment and staff operated an appropriate system to help reduce the risk of cross contamination between linen awaiting cleaning and linen that had been cleaned.