

HC-One No.1 Limited

The Polegate Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Polegate Care Home is a residential care home providing nursing and personal care for up to 44 people. At the time of the inspection there were 25 people living in the service. People were living with a range of nursing and support needs.

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

There were a number of staff vacancies throughout the home. This meant agency staff were being used to ensure staffing levels were maintained. New staff working at the home had not been able to read people's care plans. There was an over reliance on verbal information sharing and new staff were not always being supported by an experienced member of staff.

Care plans and risk assessments were in place. Care plans were reviewed monthly or more frequently if changes occurred. However, daily records had not been maintained appropriately. Elements of people's personal care, including mouthcare, repositioning and regular checks were not consistently documented. Staff were not aware which daily charts should be completed for people.

There had not been a registered manager at the service since July 2022. A 'turnaround' manager had been put into post by the provider to manage the home until a new manager was recruited. A new manager was due to start in January 2023.

Visitors to the home gave mixed feedback and everyone was aware that there had been a number of staff changes. People told us they wanted more consistency. The provider and manager were working hard to recruit new staff including recruitment from abroad.

Safe recruitment procedures were in place. All appropriate checks were completed before new staff began working at the home. Staff received a three-day induction which included a period of shadowing experienced staff.

There were safe medicine practices and people told us they received their medicines at the right time. Staff administering medicines received training and had their competencies assessed. Staff demonstrated a good understanding of protecting people from abuse. Safeguarding procedures were discussed with staff during group supervisions and any learning taken forward.

Infection control procedures were being followed and the home was clean and tidy. Staff and management were aware of any actions to follow in the event of any outbreaks of COVID19.

People were able to provide feedback about the way they received their care. Resident and relatives' meetings had been scheduled and staff received group supervisions. Staff told us meetings were a helpful way of communicating any changes. All feedback was being used to implement positive changes to improve

the home.

Quality assurance checks and had been completed. This included a programme of auditing which incorporated all aspects of care delivery and services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 January 2020).

Why we inspected

The inspection was prompted in part due to concerns received in relation to staffing, person centred care and documentation. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement and Recommendations

We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Good 

Is the service well-led?

The service was not always well-led

Requires Improvement 

The Polegate Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention 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.

Service and service type

The Polegate Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Polegate Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of the inspection there was no registered manager at the service. However, a manager had been recruited and was due to start in January 2023. In the interim a 'turnaround manager' employed by the provider was overseeing the day to day running of the home. They will be referred to as the manager throughout the report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed all the information we hold about the service including statutory notifications sent to us by the provider about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority market support team for feedback. We used all of this information to plan our inspection.

During the inspection

Not everyone living at The Polegate Care Home was able to tell us about their experiences of living in the service. We spent time observing the interactions between people and staff in communal areas of the home, in order to help us understand people's experiences and spoke to visitors. We chatted with 5 people living at The Polegate Care Home. During and following the inspection we sought feedback from visitors to the home. This included relatives, friends and health professionals. We spent time observing care and reviewing care records to help us understand the experience of people who could not talk with us. We spoke with 11 members of staff including the manager, deputy manager, area and senior area director, care and nursing staff.

We looked at documentation in relation to the running of the service and care provision. This included 3 people's care plans in full and another 4 to look at specific health needs. We also looked at 6 room folders used to document care provided to people throughout the day. We reviewed accident, incident and safeguarding processes, electronic medication records, 2 staff recruitment files and a variety of records relating to the governance and management of the service. This included provider improvement/action plans.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff received appropriate safeguarding training and displayed an understanding of how to recognise and report suspected abuse. We spoke to staff including agency Registered Nurses' (RN). Everyone told us they would report any concerns to the manager if needed. A carer told us, "Any issues at all I would speak to the nurse on duty or the management if I had to go higher."
- Safeguarding policies and procedures were in place for staff to access.

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

- People told us that they felt safe living at The Polegate Care Home. One told us, "They look after me and I am happy." A visitor said, "My friend has lived here many years and they are very happy. It feels like a safe environment and staff are kind and supportive."
- Care plans were reviewed monthly and included people's care and nursing needs.
- People had individual and environmental risk assessments in place. For example, falls, choking, skin integrity and risks related to the use of bedrails. One person had an identified choking risk, this had led to a referral to speech and language therapy (SALT). Information for staff included how to assist the person during mealtimes, safe sitting position whilst eating, meal texture and consistency.
- A fire safety risk assessment had been completed for the building. Each person had an individual personal emergency evacuation plan (PEEPS) recorded in their care folders. A fire safety folder including all relevant information was also available in the main reception area to be used in the event of an emergency evacuation.
- There were 2 daily meetings led by the manager. These were attended by the deputy manager, representatives from all departments around the home as well as an RN and/or member of care staff from each floor. These were used to discuss any updates, falls, wounds, servicing concerns and meals. Issues identified in the morning were followed up at the afternoon meeting. This gave the management oversight of any changes or issues that had occurred.
- Systems were in place to document and follow up on accidents and incidents. A monthly home summary report was produced. This ensured management and provider oversight to identify any trends or themes and ensure learning could be taken forward and shared with staff.
- There was an onsite maintenance employee. Any issues were reported and followed up by them. If required, external professionals were called in. Servicing contracts and checks were completed in relation to legionella, gas, electric and servicing of equipment.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staffing had been an issue over recent months. Recruitment was ongoing, and the turnaround and area managers had worked hard to assist staff and make improvements.
- There continued to be a high use of agency staff to maintain safe staffing numbers during the day and at night. The manager told us they tried to block book agency whenever possible to ensure some consistency. Four new care staff had recently been employed and a new manager was due to start in January 2023.
- People we spoke to, visitors and relatives all commented on the high staff turnover. One told us, "The manager keeps changing" and another said, "They meet [person's name] needs on paper but in person, not always. Agency staff just do what they're meant to do (physical checks etc) but there's no chatting or engaging."
- Systems were in place to ensure safe recruitment process. All required checks had been completed for any new starter, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff completed a period of shadowing a current staff member until they felt confident and there was a period of induction which included mandatory training.

Using medicines safely

- The home had an electronic medicine system. Registered nurses (RN's) told us they found this easy to use. We observed medicines being given and saw these were given in accordance with people's prescription.
- Systems were in place to ensure safe administration, ordering and disposal of medicines. Peoples creams were stored in their ensuite rooms. We found two creams which had not been dated on opening. We were advised by the RN that all creams would be checked to ensure they were dated. The turnaround manager assured us further checks would be carried out to ensure this was maintained.
- People who had medicines prescribed 'as required' or PRN had appropriate information recorded to inform staff how and when these should be given. We saw that people were asked if they required pain relief when appropriate.
- Staff received training and competency checks to ensure people received their medicines correctly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 that the provider's infection prevention and control policy was up to date.

The home was open to visitors and people were supported to go out with staff or relatives if appropriate.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- There were a number of staff vacancies and current staff sickness. This included carer, RN, kitchen and housekeeping positions. Although the provider had been actively recruiting, a high number of agency staff were being used to cover shifts. Staffing issues had impacted on people's experiences living at the home. A person who had lived at the service for some time told us they found the changes to staff very difficult and said, "There is no consistency, it's tiring having to keep telling staff what you need because they don't know you." A relative said, "When normal staff were there, it was wonderful".
- The service did not currently have a registered manager; however, a new manager was due to start at the home in January 2023. In the interim, the 'turnaround' manager was providing consistent management at the home supported by the deputy manager and area directors.
- The provider could not evidence that good outcomes for people were being consistently achieved. Staff told us they were not always aware of people's needs as they had not had the opportunity to read care plans. One told us, "To make sure people are getting what they need, I ask lots of questions and try and speak to agency staff who know people to find out what support they need." Throughout the morning we saw staff struggling to find equipment, unsure of people's care needs and documentation not being completed. At lunchtime we observed new care staff asking what support people required at mealtimes. This was further impacted as the home did not currently have a permanent chef and an agency chef was providing meals on the day of the inspection.
- Although care plans were in place and reviewed regularly. An appropriate level of accurate documentation had not been maintained. This particularly related to the recording of day to day care people received.
- People's room folders, used to document daily support, including position changes, personal hygiene, food and fluid intake records had not been completed to evidence the full care and support staff were providing. Personal hygiene records did not always include whether oral healthcare had been provided. Staff said when people had declined support, this had not been documented.
- Some people required hourly, two hourly or four hourly checks. We spoke to one member of staff who told us they had not had time to complete these checks on time. Another told us they had noticed that previous checks had not been documented, so they had written them in, even though it was not them who had carried out the check. Telling us, "I assume it was done, so I have written it in the folder." This meant that records were not contemporaneous and may not be an accurate record of care provided.
- There was confusion regarding who required food or fluid daily records. A member of staff told us, "There are charts missing from [person's name] folder, I am trying to find some blank charts to put them into the

folder, but I do not know where to find them." We were later told by the manager that this person did not require food or fluid charts as these had been discontinued the previous week.

The provider had not ensured accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided had been maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were allocated areas of the home to work and new staff were meant to be supporting an experienced member of staff. However, we found that new staff were working together. We spoke with three new care staff, and an agency carer. We were told, "I am finding it a bit chaotic and disorganised; I want to get on with my work, so it is frustrating" and "It's hard when you want to learn about people but there's no one to tell you."
- We observed two staff looking for a person's wheelchair, this initially could not be located as no one was aware where it had been put earlier that day. Once this was located, staff then began looking for an appropriate hoist to lift the person from chair to wheelchair. This was found and the person was moved correctly using the hoist. However, six staff working on the floor, were involved in the process of moving this one person to enable them to go to the dining room for lunch in their wheelchair. A member of care staff told us, "You can't find anyone to ask, and I don't know where things are kept."
- We discussed all the above issues with the manager and area directors during the inspection who took immediate actions to mitigate risk. Staff allocation was reviewed, and information was added to people's room folders to provide staff with background information about people's needs. A front sheet was also added that highlighted which daily care records were required for each individual. We were assured by the manager these changes and improvements to daily recording would be communicated to staff to ensure improvements were implemented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care;

- We spoke to two staff who had worked at the service for some time. Both told us they loved their roles. One said, "I cannot imagine working doing anything else, I love the people I care for." And another said, "It is hard work, but we do it because we love to care for people."
- Staff were observed engaging with people in a positive manner. People were provided with choices and involved in making decisions about how their care was provided. People were supported to access pastoral support and staff respected people's religious beliefs.
- Some people were receiving end of life care. Staff sat with people talking quietly to support and reassure them. A visitor told us, "Staff look after them well, they always look nice and they have been very happy here."
- People were able to provide feedback. A residents meeting had taken place in November and a relatives meeting had been booked for the day after the inspection.
- An electronic feedback system was located in the reception area. This enabled visitors to the home to be able to provide feedback. All feedback received was included in the monthly report to enable comments to be reviewed and addressed if needed and positive comments could be fed back to staff.
- Staff had received group supervision; this was used to discuss training and specific subjects including safeguarding. This meant that lessons learned could be shared and taken forward to facilitate improvement. The manager told us once staffing became more stable, individual supervisions would be introduced.
- There was an auditing and governance system in place. This included all aspects of care delivery and environmental audits. We saw that actions identified had been addressed. For example, the IPC audit had identified carpets needed to be fixed, this had been actioned as completed. A monthly home summary was produced, this meant detailed management oversight was maintained following the completion of audits.

- Spot checks had been carried out by the manager and deputy manager. These were unannounced visits to the home. We saw that these had been carried out at night. The last spot check completed 24 November 2022 had identified some issues relating to night staff. Immediate actions had been taken to address these issues.

- The manager and area directors were open, transparent and responded promptly to issues identified during the inspection. The manager told us they were working hard to develop a strong team of staff to ensure that improvements identified were effective.

- A home improvement plan had been developed, this was a live document and was reviewed regularly. Issues identified during the inspection were immediately added and included actions taken. This provided a clear plan and timescales to address areas of improvement.

Working in partnership with others

- The home worked closely with other health professionals involved in people's care and support. One said, "They are very efficient in reporting and updating us with any changes."

- Referrals were completed when required to ensure people's needs were supported. For example, dieticians, tissue viability specialist teams, GP's, community dental and podiatry services.

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

- The manager and provider were aware of their responsibilities and regulatory requirements, including those under duty of candour. Notifications were submitted to other agencies when required.

- Complaints policies and procedures were in place and available for people if requested.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided had been maintained.