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Polefield Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Polefield nursing home is a residential care home providing regulated activities personal and nursing care to up to 40 people. At the time of our inspection there were 32 people living at the home.

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

The local authority had identified shortfalls in governance systems prior to the inspection. In addition, the monitoring of incidents and accidents needed to improve. We have made a recommendation about safeguarding guidance. The provider had responded positively to all concerns raised. People and staff reported a positive culture within the home and people told us staff were kind and caring.

People received their medicines safely and recruitment practices were safe. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection. We have made a recommendation about adequate equipment storage space.

There was an established staff team that was motivated to carry out their roles. Staff worked in partnership with health and social care professionals. The service was accessible and had been adapted to meet people's needs.

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.

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 20 June 2019).

Why we inspected

We received concerns in relation to training and supervisions. As a result, we undertook a focused inspection to review the key questions of safe, effective and well led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

The overall rating for the service has not changed based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider responded positively to all the concerns raised and had been working closely with the local authority to resolve issues prior to the inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Polefield nursing home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We identified 2 recommendations. We have made a recommendation about safeguarding guidance. We have made a recommendation about adequate equipment storage space.

Please see the action we have told the provider to take at the end of this report.

Follow up

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Polefield Nursing 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

This inspection was carried out by 2 inspectors.

Service and service type

Polefield Nursing 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. Polefield Nursing 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 our inspection there was a registered manager in post. The registered manager was unable to attend the inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with 5 people about their experience of the care provided. We spoke to 9 members of staff, including the deputy manager, 2 nurses, 2 chefs and 4 care staff. We reviewed a range of records, including 8 people's care records and multiple medicines records. We looked at 2 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including quality assurance were reviewed.

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. The rating for this key question 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 told us they felt safe.
- Staff completed regular safeguarding training. They knew how to identify and report any concerns. The service had a whistleblowing policy in place and staff were confident to report to outside agencies if required.

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

- Space available to store equipment was limited. We found equipment such as hoists were stored in corridors. This was a potential trip hazard. People had not been harmed as a result. The deputy manager agreed to review this with the provider to explore the possibility of converting an unused bathroom into a storage room.

We recommend the provider consider options to ensure adequate equipment storage space is provided.

- The provider had effective systems in place to ensure all the other areas of the home were safe. This included up to date safety certificates for gas, electric and regular checks of fire safety equipment.

Staffing and recruitment

- Staffing levels were safe. There were enough staff to meet people's needs in a timely way.
- People and staff told us there were enough staff.
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

Using medicines safely

- Medicines were managed safely. People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff who administered medicines had been trained to do so and the registered manager completed regular competency checks to ensure procedures were followed.

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.

Visiting in care homes

- The service supported visits for people living at the home in line with current government guidance.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the time of the inspection training was out of date, but plans were in place for this to be completed by August 2023. We report further on this in the well led domain.
- Supervisions were up to date when checked during the inspection.
- Staff new to care, completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they were happy with the support they received. They told us, "I am happy here. The supervision is good. They are always helping and are here for us when we need them. We can call anytime we want" and "Yes, I get good support I feel valued."

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

- We reviewed 8 care plans and found recording errors in 3. Two contained inaccurate speech and language assessments for people at risk of choking. This was corrected during the inspection. No harm had been caused. We report further on this in the well led domain.
- The home was in the process of updating care plans during the inspection to address shortfalls identified by the local authority. These were all updated before the end of the inspection and systems established to review monthly in future.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- In response to concerns raised by local health professionals during the inspection, the staff had completed training in RESTORE2. This is a physical deterioration and escalation tool for health and care settings that provides an early warning score which helps staff to recognise when a person may be deteriorating or at risk of physical deterioration.
- People told us staff were kind and caring.
- The staff had collaborative working relationships with relevant health care professionals such as social workers and district nurses.

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

- People's needs were not always met by the decoration, design and layout of the home. Further improvements were needed to update bedrooms and bathrooms and the main lounge areas needed decorating. The deputy manager agreed and explained the provider is currently reviewing options to make

this possible.

- The provider had made recent improvements. This included new flooring in communal areas and a dining room and reception had recently been decorated. Plans were in place to make further improvements including the replacement of carpets in bedrooms.
- People had personalised rooms and aids and adaptations to make bathrooms and toilets accessible and safe. There was garden area to the rear of the building for people to use.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food was okay and they chose from a menu each day.
- The provider had been awarded 5 stars for food hygiene in a recent inspection.
- People received support to eat and drink enough to maintain a balanced diet.
- People were able to eat where they chose to, and we observed people eating meals in their bedrooms and in the lounge or dining areas.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. The registered manager had made appropriate applications for DoLS authorisations.
- Best interests meetings took place when people were unable to make their own decisions. This helped to ensure decisions were made in people's best interests and minimised the use of restrictions.

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 requires improvement. At this inspection the rating for this key question has remained 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; Continuous learning and improving care

- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission. However, where outside agencies had not responded, this had not always been followed up in a timely manner.

We recommend the provider consider current guidance and seeks advice from a reputable source on safeguarding and take action to update their practice accordingly.

- Oversight of accidents and incidents had not been effective. Recent improvements had been made to documentation, but further improvements were needed to ensure all required actions had been completed in a timely manner. There had been a failure to notify CQC of incidents where people had been harmed. We checked records and found 2 incidents had not been notified correctly. These were both notified after the inspection.
- Prior to the inspection, shortfalls had been identified by external bodies, in relation to care plans reviews, staff training, medicines and staff supervisions.
- As reported in the effective domain care plans were not always accurate. These were corrected during the inspection. The provider was currently assessing digital platforms with a view to introducing digital care plans. This should improve management oversight of care plans.
- As reported in the effective domain staff training was out of date, however plans were in place to resolve this.
- At the time of the inspection medicines were safe and staff supervisions were up to date.
- A new post of deputy manager had been created 3 months prior to the inspection. They were supporting the registered manager to improve oversight and governance systems. The registered manager and the deputy manager responded positively and proactively throughout the inspection and all concerns had been addressed appropriately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We observed a calm atmosphere in the home throughout the inspection. The interactions between staff and people were friendly, respectful, and pleasant.

- Staff were very positive about the registered manager. There was an open culture and they felt supported and valued in their roles.
- Regular team meetings were in place and staff told us communication within the home was good.
- Resident meetings were taking place quarterly. A recent survey was completed by 18 people and the feedback was mostly positive.

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 senior management team was fully aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.