

Birchester Care Limited

Polebrook Nursing Home

Inspection report

Morgans Close
Polebrook
Peterborough
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Tel: 01832273256

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Polebrook Nursing Home provides residential and nursing care for up to 52 older people with physical disabilities and dementia. At the time of our inspection there were 50 people using the service.

Accommodation is provided across three separate units all on the ground floor, in a purpose-built building. One area provided general nursing, one provided care and support for people living with dementia and memory loss and one area provided residential care.

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

People received safe care and were protected against avoidable harm, neglect, and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce any risks. There were sufficient numbers of staff who had been safely recruited to meet people's needs.

Staff received training in relation to the safe administration of medicines and their competencies were checked to ensure safe practice. Infection control measures were robustly followed, and staff had access to sufficient PPE.

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.

The service was well managed. People, relatives, and staff were very positive about the leadership of the service and praised the management team. There were systems in place to monitor the quality of the service; actions were taken, and improvements were made when required. Staff felt well supported and said the registered manager was open and approachable. The service worked in partnership with outside agencies.

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 31 October 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 remained Good based on the findings of this inspection.

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Polebrook 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

The inspection was carried out by 2 inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Polebrook 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. Polebrook 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.

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 using the service and 2 relatives to gain their view of the service. We spoke with 9 staff including the registered manager, the clinical lead and 4 care and support staff. We also had discussions with 2 housekeeping staff and the administrator.

We reviewed a range of records. This included 4 people's care records and 10 medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records, key policies and meeting minutes 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. One person said, "I need help and support and I feel safe when I am assisted in the shower and bath."
- Systems and processes were in place to help staff identify and report abuse to help keep people safe. For example, staff received training in safeguarding and knew how to report concerns. One staff member commented, "We have training about abuse and how to report it. This is the safest home I have worked in."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Records showed the provider reported safeguarding concerns as required to the relevant agencies.

Assessing risk, safety monitoring and management

- Risks were assessed, monitored, and managed. Care plans and risks assessments were in place and had been reviewed regularly or when there were changes. For example, we saw risk management plans in place for people who had been assessed to be at risk from falls or if they were at risk of pressure sores.
- One person told us how the staff had completed a risk assessment and put actions in place to stop them falling from their bed. They commented, "I now have bed rails to stop me falling from my bed. I feel safer now."
- Staff were aware of people's risk assessments, felt they could confidently support people safely and the risk assessments accurately reflected people's needs.
- Risks in the environment were managed through health and safety risk assessments and routine safety checks and maintenance of all equipment used. A fire risk assessment had been completed and staff had information about what action to take in the event of a fire or emergency.

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

- There were enough skilled and competent staff to ensure they could safely support people who used the service. One person told us, "The carers are around if I need them all the time."
- Staff said there were sufficient numbers of staff to make sure people's needs were met and to ensure their care was not rushed. A staff member from the housekeeping team said, "I never have to look for care staff if someone needs help, they are always there to help them."
- Our observations confirmed there were sufficient staff to meet people's needs in a timely manner. We saw the deployment of staff throughout the day was organised and people who required support with their personal care needs received this in a timely and sensitive way. We found staff had time to spend with people on an individual basis.
- Safe recruitment practices were in place to ensure only staff suitable to work with vulnerable people were employed.

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

- At the time of our inspection there were no restrictions on visiting.

Using medicines safely

- When medicines were prescribed as and when required (PRN), guidance was available to help staff make decisions about when it was appropriate to administer. Where a variable dose had been prescribed (for example take 1-2 tablets) the guidance did not always include when to give the lower dose and when to give the higher doses. On the day of our inspection the registered manager acted immediately and spoke with a visiting clinical prescriber. They commenced reviewing the guidance for variable doses.
- Clear and robust arrangements were in place to ensure staff supported people to take their medication consistently and safely. Everyone we spoke with confirmed that they could have pain relief if they needed it, and this was provided swiftly.
- Staff had received training in the safe handling and administration of medicines and their competencies were regularly assessed.
- Robust systems were in place to check medicine administration records to ensure people received their medicines safely. Audits of medicine administration were completed to enable any errors to be identified. This meant investigations and actions could take place swiftly to help reduce the risk of recurrence.

Learning lessons when things go wrong

- There were systems in place to record and monitor any accidents and incidents that occurred, so that

lessons were learnt when things went wrong.

- Lessons learnt and themes from incidents were shared and discussed at staff meetings.

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. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was led by a motivated registered manager and staff team. They demonstrated a commitment to providing a service that promoted person-centred values. People, relatives, and staff consistently expressed great confidence in how the service was managed.
- One person told us, "The manager is lovely. Open and approachable, if busy they will still wave and smile. The manager is like a busy bee on wheels." A relative said, "We have had a marvellous experience of a care home with Polebrook."
- Care and support was person centred and based on people's individual needs and preferences. Staff were proud of the service and motivated to achieve good outcomes for people. One staff member told us, "I love talking to the people we support. I enjoy doing the little extra things like reading to them or painting their nails making them feel like they are human and not just an old person in a home."
- Effective communication systems were in place to ensure the whole of the staff team were involved in daily decisions. One member of staff told us, "There is always a handover in morning with the clinical lead and the manager. You find out about changes, new admissions. We cover everything. Communication is very good."
- The provider valued the staff team and we saw various staff incentives in place. There was an employer of the month scheme where people using the service were encouraged to take part and vote. The provider celebrated staff birthdays with gifts and staff achievements were also celebrated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 quality of care people received was subjected to close monitoring by the provider. The provider undertook a range of quality audits to identify where improvements could be made. For example, where care plan notes indicated there was a decline in a person's mobility or health, they were monitored and referred to an appropriate health care professional.
- Systems in place to manage staff performance were very effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place.
- The registered manager was aware of their role and responsibilities to meet the Care Quality Commission (CQC) registration requirements. Records showed statutory notifications of notifiable events were submitted promptly to CQC.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care

Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

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

- Effective systems were used for people, relatives and staff to feedback on all aspects of the service they received. For example, staff had regular meetings and daily interactions with the registered manager and clinical lead.
- Surveys were used to gather feedback from people and relatives. We saw these were all positive and one comment read, "The staff are always lovely and the care given to my [family member] is fantastic. We could not wish for [family member] to be in a better place and more caring home."
- We saw that actions had been taken following feedback from people and relatives. For example, 1 person had commented they would like their bedroom door closed at night as the light in the hallway disturbed their sleep. The person confirmed their bedroom door was now closed at night.
- The registered manager closely reviewed and monitored all accidents and incidents. Records showed timely action was taken to reduce the likelihood of repeat incidents to ensure people received safe care.
- There were systems in place to learn lessons when things went wrong, and these were shared with staff in meetings and one to one supervision meetings.

Working in partnership with others

- The registered manager and staff enjoyed good working relationships with the local GP surgery, Speech and Language Therapy (SALT) and other health professionals such as chiropody and opticians who visited the service. These good relationships enabled people to receive timely care to help enhance their quality of life and look at ways for continual improvement. For example, timely prescribing and swift support for medical concerns.