

Defence Business Services

Ilford Park Polish Home

Inspection report

Stover
Newton Abbot
Devon
TQ12 6QH

Tel: 01626353961

Website: www.gov.uk/government/publications/ilford-park-polish-home/ilford-park-polish-home

Date of inspection visit:

21 January 2019

22 January 2019

Date of publication:

05 March 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Ilford Park Polish Home is a residential care home that provides personal and nursing care for up to 95 people who qualify for admission under the 1947 Polish Resettlement Act. At the time of our inspection there were 80 people living at Ilford Park.

People's experience of using this service:

- The service met characteristics of good in all areas.
- The service had safe systems around safeguarding and risk assessment and implemented the least restrictive principle to promote people's safety and rights.
- People and relatives told us staff were kind and caring and they felt well cared for. They could express their views about the service and provide feedback.
- People were treated with dignity and respect.
- People were supported to take their medicines in a safe way, but handwritten changes to medicines records were not always recorded and signed by two members of staff. We made a recommendation to the provider about this.
- People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems at the service supported this practice.
- There was enough staff on duty at the right time to enable people to receive care in a timely way.
- The provider had procedures in place to ensure potential staff were suitable to work at the service. We made a recommendation to the provider about reviewing their recruitment policies.
- Staff received appropriate training and support to enable them to perform their roles effectively.
- People's care was personalised to their individual needs. Some care plans, daily records and risk assessments would benefit from further person-centred information to ensure staff had the information they needed to provide responsive care.
- People were supported by staff to maintain good nutrition and hydration.
- We received mixed feedback about the meals provided by the home. Food was discussed at resident's meetings and the chef regularly met with people. The menus were under review to ensure they reflected people's choices.
- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met.
- The service provided a variety of activities in line with people's interests and encouraged people's involvement.
- The environment was comfortable and was adapted to meet people's needs.
- Management and staff demonstrated a good understanding of and response to people's diverse needs.
- Appropriate governance processes were in place to ensure high quality care.

Rating at last inspection: Good (The date the last report was published was 18 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains good.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated Good.

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 caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Ilford Park Polish 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team on the first day consisted of two adult social care inspectors, an expert by experience and a Polish interpreter. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection team on the second day consisted of two adult social care inspectors and a medicines inspector.

Service and service type:

Ilford Park Polish Home is a residential care home that was providing personal and nursing care for up to 95 people who qualify for admission under the 1947 Polish Resettlement Act. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced on the first day and announced on the second day.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection

During the inspection, we spoke with 13 people who lived at the service and two relatives to ask about their experience of the care provided. We also observed how people interacted with staff. We spoke with the registered manager, deputy manager, 12 members of staff, which included registered nurses, care staff, administration staff as well as a visiting health professional.

We reviewed a range of records. These included ten people's care records and medication records. We also looked at records relating to the management of the service. For example, systems for managing any complaints, checks undertaken on the health and safety of the service, surveys completed by people and compliments received.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns. They had received appropriate and effective training.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies.
- People we spoke with told us they felt safe. One person told us, "I'm so glad I came here, it's very good. Oh yes I feel safe."

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and actions to mitigate these were clearly detailed in care records.
- Staff understood where people required support to reduce the risk of avoidable harm. Evidence based tools were used to assess certain areas such as nutrition and pressure area care.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. This was because they knew people's preferences and what approach worked to enable the person to relax. Care plans contained guidance for staff to help them understand potential triggers.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment

- During our inspection there were sufficient numbers of staff to meet people's needs. People told us they did not have to wait long for support. One person said, "They always come promptly when called, even overnight."
- Staff were satisfied with staffing levels at the service and told us absences were always covered by agency staff that were familiar with the service.
- The provider had procedures in place to ensure potential staff were suitable to work at the service. However, staff files did not contain references from previous employers. The registered manager told us most of the staff they employed were known to the service, either through recommendations or had worked at the service as agency staff. They said that if they were considering a potential employee unknown to them, they would telephone previous employers for a verbal reference.

We recommend the provider review their recruitment policy and procedures to ensure they meet legal requirements.

Using medicines safely

- Peoples medicines were managed, recorded and administered safely, by trained and competent staff. When staff needed to make handwritten changes to medicines records, we found that these were not always recorded and signed by two members of staff.

We recommend that the provider puts systems and checks in place to make sure that staff always follow current good practice guidance.

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. There were systems for checking, auditing and reporting any medicines issues. We saw that any actions needed were identified and completed to improve medicines management in the home.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment, such as disposable gloves, to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- The service had a system to record and analyse any accidents or incidents. This helped to identify and trends or themes. Any learning was then shared with staff through supervision and staff meetings, so staff understood how to reduce the possibility of incidents reoccurring. The registered manager referred people to external agencies for guidance and support when required.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed regularly. Monthly reviews were undertaken to identify any change in people's needs and records were updated to reflect the change where necessary.
- Staff told us they read care plans in order to keep up-to-date with people's changing needs and staff received an informative handover before commencing their duties. This was to share information amongst staff so they could continue to effectively support and care for people.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled, and carried out their roles effectively. Staff completed a comprehensive induction and had access to a wide range of training.
- The registered manager kept records of staff training requirements to ensure that staff were kept up-to-date with the most relevant and appropriate forms of training. They told us that as a result of a recent staff survey, they were looking at sourcing more face-to-face training.
- The service supported registered nurses with their professional registration and revalidation.
- Staff told us they received regular supervision to allow them to discuss their practice with their line managers and identify areas for further development. Staff told us they felt very well supported.

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

- We received mixed feedback about the meals provided by the home.
- We asked people what they thought of the meals provided, whether they had choices of what to eat and whether they were involved in choosing what was on the menu.
- Responses we received included, "The soup is marvellous, because it's hot, but the main course is a disaster! cold, cold, cold" and "The food is enough, but I prefer it if it was warmer." One person told us the food was repetitive. A relative told us, "It's good. There's always plenty of food and they accommodate their choices and there's always fresh fruit."
- We discussed this with the registered manager. They told us the topic of food was always on the agenda for residents meetings and the chef regularly met with people to discuss their likes, dislikes, food quality and any concerns or suggestions they might have. People were fully involved in choosing what was on the menu and these were under review to ensure they reflected people's choices.
- People were supported by staff to maintain good nutrition and hydration.
- People's nutritional intake was monitored by staff and advice sought from external professionals when appropriate.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health.
- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. A local GP attended the home for a weekly clinic and regular meetings were held to discuss people that staff were worried about and review frequent falls or significant events. One health professional told us, "Staff are exceptionally caring and I have never had the need to question the care they provide for these exceptional residents. The staff responds quickly to suggestions to improve patient care."

Staff working with other agencies to provide consistent, effective, timely care

- Information was shared with other agencies if people needed to access other services, such as hospitals.

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

- The home was adapted to meet the specific needs of the people living there.
- People told us the home was culturally focused, in terms of it being like a 'Little Poland', and all of the signage and notices were in Polish. People told us the home felt very much like a community.
- The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely.
- People were free to access all areas of the service, including the extensive gardens and had accessible pathways for people to walk on.
- People were encouraged to bring in their personal belongings and special items to help furnish their bedrooms.

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 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the home was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were supported by staff that knew the principles of The Mental Capacity Act 2005. They knew what they needed to do to make sure decisions were made in people's best interests. Staff told us how people's family members were involved, where appropriate.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.
- Assessments of people's capacity to consent were carried out before decisions were made on their behalf. The process and discussions around decisions made in people's best interests were recorded.
- People and their relatives told us staff always sought consent before care was provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they felt well cared for by the staff at Ilford Park. One person said, "They are very accommodating, more so than anywhere else I've stayed." A relative said, "The staff are absolutely wonderful, they go the extra mile with my Dad. They've been like a family to him."
- We observed staff treated people with kindness and respect. We witnessed many positive interactions between staff and people they supported. People were relaxed and at ease around the staff supporting them.
- The registered manager told us how they supported people's human rights and promoted equality and diversity. They actively promoted people's rights and made sure staff treated people in a person-centred manner.
- Staff showed genuine concern for people's wellbeing. It was evident from discussions that all staff knew people very well, including their personal history, preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs and respected their culture. One staff member told us, "It's like a family here, we all want people to be well cared for."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to actively participate in the planning of their care. Pre-assessments were completed with people before they moved to live at Ilford Park.
- Staff supported people to make decisions about their care. They understood people's communication needs and knew how to recognise when people wanted help. This was documented in care plans.
- The service held resident meetings to encourage people to contribute their views about service delivery. We saw minutes of meetings and records of actions that had come as a result of feedback from people.
- Information about advocacy services was available, and when needed, staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.
- The service employed a number of staff that were Polish or fluent in the Polish language to ensure people had every opportunity to express their views and be involved in every aspect of their care.

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they maintained the privacy and dignity of the people they cared for and we observed this in practice throughout the inspection. For example, we saw staff knocked on people's bedroom doors and waited to be invited in before opening the door.
- People were supported to maintain their independence. Staff knew what people were able to do for themselves, and were patient and supportive in helping them to this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised support which was responsive to their specific needs. Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted.
- Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. However, some care plans, daily records and risk assessments would benefit from further person-centred information. For example, people's interests were recorded but not in detail and did not reflect how people could continue to be involved in activities they enjoy, despite their poor health. No reference was made in daily records of how people spent their day other than when in receipt of care tasks, listening to music or watching TV.
- Care plans were regularly reviewed and updated to reflect people's changing needs.
- People were enabled to follow a variety of interests and activities. Ideas and events were based upon people's interests and previous life experiences. There was a programme of activities which included games, exercise groups, music groups and social groups led by people. People were supported to celebrate events, anniversaries and festivals that were important to them personally and culturally. Many of the people living in Ilford Park were religious and had strong spiritual values. This was supported and the service had its own Roman Catholic church.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and people told us they knew who to speak with if they had any worries or were upset. The registered manager told us each person had a keyworker who would respond and address any day to day concerns.
- Where complaints were made formally, we saw evidence that complaints received were taken seriously and appropriate actions were taken to improve the home.
- People told us they were confident that their concerns would be taken seriously and acted upon without delay. A relative told us, "I have never had a cause to complain. If I'm ever unsure about anything they always make time for me."

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs, cultural traditions and preferences.
- The service provided specialist equipment and medicines at short notice to ensure people were

comfortable and pain free.

- The service supported people's relatives and friends as well as staff, before and after a person passed away.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service was well-run.
- The registered manager and staff demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone living at the home, relatives and stakeholders.
- The registered manager and staff knew people and their families well which enabled positive relationships to develop and provided good outcomes for people living at the home.
- Information about people was written in a respectful and personalised way. Staff were aware of the rules on protecting and keeping people's information safe.
- The registered manager positively encouraged feedback and acted on it to continuously improve the service, for example by involving people and staff in reviewing concerns or incidents to prevent them happening again.
- The registered manager understood their responsibility under the duty of candour and there was an open and honest culture within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- All staff understood their roles and responsibilities and there were clear lines of delegation.
- There were effective systems in place to monitor the quality of the service. Audits were used to monitor all aspects of the service to ensure that quality remained high, and that actions were taken to address any shortfalls. The registered manager told us that the Deputy Head of Veterans UK also regularly conducted audits and quality checks on the service.
- Information from the quality assurance system, care plan reviews and incidents was used to inform changes and improvements to the quality of care people received.
- The registered manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people and their relatives in day to day discussions about their care in a meaningful way.
- There were regular meetings with people who lived at the service and their relatives.
- People, relatives and visiting professionals had completed a survey of their views and the feedback had

been used to continuously improve the service. For example, when feedback demonstrated that some people were unhappy about the food, the registered manager arranged meetings with people and the chef to look at the menus and how they could be improved.

- Staff were respected, supported and valued and they understood the service vision and values. Staff spoke very positively about the culture of the home and the support they received from the registered manager and management team. Comments from staff included, "It's like a family here", "It's a lovely, nice place to work, the team are very good", "We like the managers here, they're very approachable" and "We all want people to be well cared for, it's a happy place to work."
- Staff were supported through regular supervisions and appraisals. Team meetings were productive and staff felt confident their views and opinions mattered and were listened to.

Working in partnership with others

- There were strong relationships with local health and social care professionals, Polish schools and social groups.
- Health professionals told us they worked well with staff and they had confidence in the care and support they gave to people living at Ilford Park.
- The service maintained strong links with the local Polish community to ensure people could preserve their cultural identity, which we were told was important to people. For example, local Polish families attended the church services at the home.