

Aspire Healthcare Limited

Poplar Lodge

Inspection report

Wards End
Tow Law
Bishop Auckland
County Durham
DL13 4JS

Tel: 01388730451

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Poplar Lodge is a residential care home which provides personal care for up to nine people. At the time of our inspection eight people with mental health needs and learning disabilities were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

The provider did not have in place robust governance arrangements which effectively measured the quality of the service. The registered manager had carried out audits and acted to improve the service which had not been verified by the provider. We made a recommendation about the provider reviewing the service to check if any lessons could be learnt.

Staff kept people safe. Risk assessments were documented, and staff knew how to report any concerns. Staff employed in the service had undergone pre-employment checks to assess their suitability. There were enough staff on duty to meet people's needs. The home was clean and tidy.

Staff supported people to eat healthy diets and drink sufficient amounts. People were supported to attend medical appointments and staff liaised with other professionals to ensure people's needs were met.

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.

Staff approached people with kindness. They supported people's independence and provided opportunities for people express their views. Complaints had been investigated and addressed by the registered manager.

Staff had revised and updated people's care plans. They knew people well and understood their preferences. People were engaged in activities they enjoyed. The provider had guidance in place for staff to work with people at their end of their life.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 requires improvement (Report published 12 March 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvements had been made. However, the provider was still in breach of one regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

Since the last inspection we recognised that the provider had failed to notify us of events which occurred in the service. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Poplar Lodge

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 Care Act 2014.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Poplar Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, assistant manager, senior care workers, and care workers. We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to

the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection, this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Staff were measuring ongoing risks. They described how they shared information between themselves and used handover periods to discuss and review risks in the service.
- The registered manager and staff were able to provide us with a good account of the steps they had taken to reduce risks. However, risks for one person's had not been updated. The registered manager provided us with a copy of the risk assessment following our inspection visits. One professional told us they felt well supported by the staff in monitoring risks. They told us the staff were, "Excellent" in keeping them up to date.
- Staff had been trained in safeguarding people and understood how they reported concerns. They monitored people's behaviour and movements and had advised people on how to keep themselves safe. The registered manager had alerted the local authority safeguarding team when incidents had happened.
- Safety checks were regularly carried out on the building and its contents to ensure people lived in a safe environment. Gas and electric certificates were in date.

Learning lessons when things go wrong

The provider did not have sufficient governance arrangement in place to be able to identify themes and have oversight of events in the service.

We recommend the provider considers how they may learn lessons.

Staffing and recruitment

- The provider had systems in place to carry pre-employment checks to make sure staff were suitable to work in the service.
- There were sufficient staff on duty. People who required individual staff support to attend appointments had staff made available to them.

Using medicines safely

- Staff had been assessed as competent to administer people's medicines in a safe manner. The ordering, receipt, administration and disposal of medicines were safely carried out. The registered manager agreed to update the signature list of staff who could administer medicines.

Preventing and controlling infection

- The home was clean and tidy throughout. Since our last inspection the service had employed a cleaner. During our inspection they were engaged in cleaning communal areas of the home to reduce the risks of cross infection.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were sufficiently supported to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- The registered manager supported staff using supervision. They had accessed training outside of the service to further enhance staff skills. For example, senior care staff were able to access training to develop their management role. Staff told us they felt supported by the registered manager.
- New staff had been supported through a period of induction to familiarise themselves with the service and people's needs.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated they understood the requirements of the MCA and the need for capacity assessments. Discussions had taken place with care managers about people's complex needs and whether they had capacity to consent to live at the home. Capacity assessments were on file. These were written by other

professionals, and the registered manager told us they were waiting for other capacity assessments from people's care managers following further discussions.

- Staff sought consent from people before supporting them.
- DoLS applications had been made to the local authority. Staff understood how people could make a legal challenge to decisions being made to deprive them of their liberty.

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

- New care plans and risk assessments had been put in place which described people's needs and choices and actions staff were to take to support people.

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

- Staff supported people to eat a healthy diet. Menus were planned with people, so their preferences were met.
- People had access to the kitchen to make themselves drinks as and when required. Staff offered people food and drinks throughout the day. Fresh fruit was available for people.

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

- Staff had worked with agencies to meet people's care needs. Since our last inspection people's care needs had been assessed and discussions had taken place with other professionals to ensure they received effective care.

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

- The home had been redecorated and attention had been given to developing an annex to the home for woodworking activities within the last year. People did not require any assistance in finding their way around the home.

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

- Staff assisted people to attend healthcare appointments. Advice from other healthcare professionals was documented in people's files. Staff understood what they were expected to do to support people with specific diagnosed conditions.
- The service had reduced salt/sugar as well as processed foods to support one person with their diet.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated by staff. The area manager had oversight of an action plan to improve people's experience of the service.
- Staff provided support which was kind and caring. There was a relaxed atmosphere in the home and people were confident in approaching staff.
- Staff were open and responsive to issues of equality and diversity.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff engaged people to express their reviews when they carried out monthly care plan reviews.
- Staff involved people in monthly meetings where their views were sought and acted upon.
- Discussions had taken place with people about living in the home and their future wishes. Plans were in development to move people to more independent accommodation. People were enabled to be as independent as possible.
- Staff spoke to people to address personal issues in private. They maintained people's dignity.
- Staff understood the role of advocacy and respected people's need to use a person who could represent their views.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection whilst we found care plans had been reviewed these were work in progress and further improvement was required. At this inspection everyone's care plans had been reviewed and updated.
- People received personalised care. Staff demonstrated using the plans. They understood people's personal preferences, and people had choice and control.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people using the service experienced difficulties with literacy. They were used to staff supporting them to read and interpret documents. Staff had documented in people's communication plans the assistance people needed. Staff told us they had discussed and read out people's care plans to them before people signed them.
- Pictures were available to assist people's communication where necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were engaged in a variety of activities throughout the day to avoid isolation. This included volunteering at a local food bank, attendance at a woodwork group and playing football. People confirmed to us they participated in these activities.
- Staff supported people if they wished to have contact with their family members.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. The registered manager had undertaken investigations into people's complaints and provided them with an appropriate response.

End of life care and support

- There was no one receiving end of life care in the service. Guidance was provided to staff on what to put in place if a person was nearing the end of their life.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure governance arrangements in the service were effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Insufficient improvement had been made at this inspection and the provider continued to be in breach of this regulation.

- The provider did not demonstrate they used quality performance measures in the home. Since February 2018 we have carried out three inspections and found on each inspection the measures for looking at the effectiveness of the service lacked rigour. The area manager told us they had not created any audits as their visits in the last six months were based around an action plan following the last CQC inspection and the requirements of the local authority to improve the service. The action plan had no actions beyond April 2019. This meant the provider had failed to continuously learn and assess, monitor and improve the quality and safety of the services provided.
- Staff had questioned events which were taking place in the service. They had discussed an ethical and moral dilemma about which they had no guidance. The area manager confirmed there was no policy in place to guide staff.

We found no evidence that the lack of quality assurance had adversely impacted on people. However, systems were either not in place or operated effectively to demonstrate there was good governance in the service. This was a continued breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In previous inspections we found the statement of purpose and registered service user bands for this service only stated that people with a learning disability can be admitted to this service. However, the service also offers accommodation to people who have a learning disability and a mental health disorder and the provider needs to ensure that this is reflected in their registration. We included this information in our last report. The provider has not taken any action to rectify this issue. We drew this to the attention of the area manager who agreed to take immediate action.

- The registered manager had carried out audits of the service and acted where deficits had been found. They described to us their on-going plans to make improvements to the service.
- The registered manager and staff were clear about their roles. Staff were willing to learn about how to support people successfully transfer to other services.

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

- The registered manager had supported staff to consider good outcomes for people. This included looking at people's needs and where they might be best met.
- Staff provided person-centre care. People were empowered to make decisions about their lives and to contribute to decisions about their care.
- The registered manager was aware of equality and diversity issues. Staff spoke respectfully about people and did not discriminate against people or other staff.

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 registered manager understood their duty of candour. They had made safeguarding alerts to the local authority and were open and honest about their concerns.

Working in partnership with others;

- Staff had worked in partnership with different agencies including care managers, healthcare practitioners and the police.
- The provider and the manager had attended meetings with the local authority to provide evidence they had improved the care people received.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not established effective systems or processes to ensure compliance with Regulation 17.</p>