

Aspire Healthcare Limited

Poplar Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service: Poplar Lodge provides accommodation for up to nine people with primarily mental health needs. Some people had additional learning needs. At the time of our inspection eight people were using the service. The service was made aware in our previous inspection that the provision of mental health needs had not been added to their registration.

People's experience of using this service:

Staff had documented people's personal risks. However, these were not always up to date and/or accurate leaving one person at risk of a serious health condition.

Since our last inspection improvements to care plans had been initiated, although there were some plans which needed further revision.

Audits to measure the effectiveness of the service lacked rigour. This meant people were at risk of receiving poor quality care.

Cleaning was ongoing in the home to reduce the risk of cross infection. The manager told us night staff were required to carry out cleaning. However, we found some areas of the home required deep cleaning. The local Infection Prevention and Control team had visited the service and found areas for improvement. In a meeting with local authority representatives the provider agreed to employ a cleaner.

Menu planning did not always consider specific dietary needs. The manager had brought into the service cook books to diversify menus. We made a recommendation about the service reviewing the menu choices on offer.

Regular 'residents' meetings' had lapsed and people had not had the opportunity to give their views about the service.

People were supported by staff to attend activities outside of the home. We found improvements were required to further engage people in meaningful activities.

The temporary manager was in place and they were responsive to issues we raised during the inspection. Staff were willing to learn and make changes.

Changes were in progress to improve the fabric of the home. The kitchen had been refurbished and downstairs had been redecorated. Further work was required upstairs to improve the décor. Regular checks were carried to ensure people lived in a safe environment.

Pre-employment checks were carried out to ensure staff were suitable to work in the home. Sufficient staff were on duty. Start times for staff were staggered to support people.

Staff were not always supported through training defined as mandatory by the provider and supervision. The service had welcomed additional training from other professionals. Staff felt they had been able to improve service delivery due to their recent training.

People were supported with their health by staff who had regular contact with other healthcare professionals to discuss people's conditions and seek advice.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible; the policies and systems in the service did not support this practice.

People were happy with the support they received from staff. Staff treated people with kindness and respected people. They enabled people as far as possible to be independent.

A complaints procedure was available. No complaints had been made since our last inspection.

Rating at last inspection: At our last inspection we rated this service as requires improvement. (Report published 1 November 2018). This service has been rated Requires Improvement at the last two inspections.

Why we inspected: This was a planned inspection based on the previous rating of the service.

Improvement Action: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: This is the third time the service has been rated as requires improvement. We will continue to monitor the service through the information we receive and discussions with partner agencies. We will be speaking to the provider about their next steps to improve the service to an overall rating of Good. We have rated the well-led key question inadequate. This means we will inspect the service within the next six months.

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 not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

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. 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:

Two inspectors carried out this inspection.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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. At the time of our inspection, the registered manager was on long term leave from the service. A temporary manager had been brought into the service to make improvements, support staff and support people who used the service.

Notice of inspection:

We did not give any notice of our intended arrival. This was an unannounced inspection.

What we did:

We reviewed the information we held on the service and reviewed the actions submitted by the provider to tell us how they were going to improve the service. We also contacted professionals involved in caring for people who used the service; including local authority commissioners and the local authority safeguarding team.

During inspection:

We spoke with three people who used the service. We also spoke to six staff including the regional manager, the temporary manager, senior care staff and care staff.

We reviewed four people's care documents and gathered information from other records held by the provider in relation to the regulated activity. These included records about medicines, complaints, audits and accidents and incidents.

After inspection:

We reviewed the evidence provided to us during the inspection and asked the regional manager for further information. We also attended a meeting arranged by the local authority which involved the provider and multi-agency professionals to review the service. We will meet with the provider to discuss the requires improvement rating and how they intend to improve their rating to good.

Is the service safe?

Our findings

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

Requires Improvement: 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.

At the last inspection in September 2018 the provider had failed to ensure they met the requirements of Regulation 12 - Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) 2014. Some improvements had been made at this inspection in respect of people's medicines.

Assessing risk, safety monitoring and management

- Staff had written detailed risk assessments for people where there were personal risk issues. The risks identified for each person were not monitored. Subsequently, when we asked questions about the prevalence of each risk, evidence was not available to show for example, when types of behaviour were last exhibited.
- One person had a diagnosed serious health issue. A risk assessment was not in place for the condition. We spoke with the regional manager and the temporary manager. They told us they would put it in place immediately following our inspection visit. An updated risk assessment was forwarded to us. This assessment did not include the specific information required to keep the person safe.
- People had been diagnosed with high cholesterol. There were no risk assessments in place to support people with their diet.
- We found a chart which had been used to monitor a person's daily blood pressure. The chart was incomplete with no dates and lacked guidance around its purpose. We asked the regional manager to forward us a copy of the chart together with an explanation as to its use. This was not sent to us.

These findings evidenced a continuous breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safety checks were in place to ensure people lived in a building where for example, the risks of fire were properly managed. Gas and electric certificate were available to the inspector on site.

Preventing and controlling infection

- Since our last inspection the temporary manager and the regional manager advised us that night time staff were now carrying out cleaning.
- Whilst improvements had been made, there were areas of the home which required deep cleaning. The regional manager told us night staff were required to clean the home. The local Prevention and Infection Control team visited the home during our inspection and identified areas for improvement. The temporary manager was aware of the deficits, having discussed them with the Prevention and Infection Control Team and understood what actions were needed.
- Files used daily for example, to record the administration of medicines were dirty. We pointed these out to the temporary manager who agreed to change them.

- Following the inspection, we met with the provider and the local authority representatives. The provider agreed to employ a cleaner for the communal areas and accepted training for staff from the Prevention and Infection Control Team.

Systems and processes to safeguard people from the risk of abuse

- The regional manager sent us updated training information which showed 46.15% of staff who were on the list had not received updated safeguarding training. This meant less than half the staff had up to date safeguarding training.
- Staff were however, alert to signs of potential abuse. There was a list of safeguarding incidents compiled by staff. Issues were not described in sufficient detail and outcomes were not always documented. Following our inspection, we reviewed the list and asked the regional manager for documentation to show the nature of each safeguarding incident. The regional manager told us staff made safeguarding alerts to the local authority by telephone.

Staffing and recruitment

- Pre-employment checks were carried out on staff before they began working in the service.
- Checks had been carried out with the referees to verify their authenticity.
- There were consistent levels of staff employed in the service. Staff started at different times to support people attend events.

Using medicines safely

- Since our last inspection there had been improvements to the administration of both oral and topical medicines.
- Daily stock checks were carried out and staff had provided explanations of the stock count if for example, a person had refused their medicines on that day.
- Staff felt they had a good relationship with the local pharmacy should any problems arise in the ordering and delivery of people's medicines.

Learning lessons when things go wrong

- Staff spoke about learning triggers to people's behaviour and engaging with people to prevent incidents escalating. They felt this had reduced the number of police call outs to the home and the number of safeguarding concerns raised with the local authority.

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff had an induction checklist on their files which was completed and signed.
- Staff were not supported with supervision in line with the provider's policy.
- Competency assessments to show staff were competent in the administration of medicines had not been updated.
- Not all staff had completed the provider's required mandatory training.

These findings evidenced a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The temporary manager recognised senior care staff needed to be trained in supervision before they could effectively supervise other staff. Staff felt supported by the temporary manager.

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 service 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.
- We found staff adhered to the requirements imposed upon people by other agencies. However, we found staff also imposed other conditions such as not using knives in the kitchen, handing gaming equipment to staff at night, supervision and financial constraints. These restraints had not been imposed using the MCA.

These findings evidenced a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff had utilised the provider's assessment framework to revise and update people's care plans. The assessments were comprehensive and contained personalised information about people's needs. However,

the framework asked questions such as, "Does the person have realistic self-insight?" Staff had written "[Person] has realistic self-insight" without giving an explanation. Their subsequent mental health diagnosis would be called into question if the staff statement was true.

People were able to access all areas of the building without the need for additional guidance and support. They were able to utilise a smaller quieter lounge if they wished for time away from others in a large room. Staff supported people, where necessary to read their meal and help them understand the contents of letters.

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

- Two people using the service had been diagnosed with high cholesterol. Meal provision was not always informed by people's dietary needs. No one using the service was at risk of dehydration or malnutrition. The provider's policy stated that people were to be engaged in writing the weekly menu. Senior care staff wrote the menu and the regional manager told us people were invited to be involved.
- The temporary manager in absence of the registered manager told us they had brought cook books into the service to stimulate menu planning. Staff were making soups from fresh ingredients.
- People had chosen not to eat the repetitive breakfast and lunchtime meal options. We queried the lunch time option for people who were out volunteering as a packed lunch was not on offer. People purchased something to eat using their own money. When there was an option of a wholesome evening meal such as shepherd's pie, or the option of a takeaway there was greater take up by people who used the service.

We recommend the provider conducts a review of the menus to ensure they meet people's needs and preferences.

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

- Staff had documented where they had spoken to people's care managers and other professionals.
- Where issues had arisen with people's specific health needs, staff needed to be more proactive to deliver timely care.
- Staff had readily available information to give to medical staff should a person need hospital treatment. The information explained each person's background and what supported they needed.

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

- Since our last inspection the premises had been redecorated downstairs. Further work was required to improve the premises upstairs.
- A new kitchen had been installed which was much improved. Staff felt people were taking a pride in their new kitchen.
- During our inspection a builder was engaged in improving the external part of the building. The temporary manager explained that current work being carried out would prevent the need for further work at a later point.

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

- Staff supported people to attend their medical appointments and contacted the local surgery if they had any concerns.
- Staff supported them to join in physical activity such as football.

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; respecting equality and diversity

- Whilst we heard about staff being helpful and supportive from people who lived in the home, we found deficits in the service which showed the provider was not ensuring the service was caring overall. The caring nature of the staff was undermined by for example, the lack of staff training and supervision. Staff whilst trying to support people were not aware that their actions amount to placing restrictions on people and were therefore paternalistic in their provision of care. These restrictions had not been considered in line with the MCA. Staff were not given the opportunity to learn through reflection using supervision.
- We found people's well-being was compromised by the lack of rigorous and effective monitoring. This meant actions to improve the service had not always been implemented.
- The provider had employed a temporary manager in the service to support the registered manager to make improvements. The temporary manager together with the staff expressed the values of caring and their willingness to make improvements to meet people's needs. At the time of our inspection insufficient time had elapsed for the temporary manager to make and embed the required changes.
- Staff had taken steps to ensure people were well treated. Staff told us volunteering opportunities were now sourced appropriately.
- We observed staff speaking to people in tones which were kind.
- Staff had supported people to have contact with their families to promote their well-being.
- During the kitchen refurbishment, staff supported people to cope with the changes and minimise the impact on people.
- Staff understood the stresses on people living in an all male environment and were alert to potential triggers for stress. They understood their communication needs and body language.

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

- Staff had monthly meetings with people to enable them to review their wishes and goals. Staff respected people's wishes.
- People were involved in review meetings about their care with staff and their care managers.
- The last 'residents meeting' on file was held in August 2018. The regional manager told us people had been engaged to discuss the decorating of their home in December 2018. We found people were not invited on a regular basis to influence service delivery.

Respecting and promoting people's privacy, dignity and independence

- Each person had their own time for using the laundry to support their independence. Staff encouraged people to participate in cooking and cleaning.
- Staff knew about people's individual preferences and how they like to be supported. They were aware of

how people chose to live their lives.

- Staff worked with people to protect their privacy.

Is the service responsive?

Our findings

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

Requires Improvement: ☐ People's needs were not always met. Regulations may or may not have been met.

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

- People told us they were happy with their care and thought the staff were helpful.
- Since our last inspection some people's care plans had been updated and improvements made. The new care plans included person-centred information. Pen pictures which described people's backgrounds, personalities and preferences were available. Information was sent to us by the regional manager regarding their review of the care plans. Actions identified to improve the care plans were identified. However, dates to improve the plans were not always set. Staff had reviewed the plans and documented no changes were required.
- Whilst the new plans were an improvement there continued to be gaps in the information provider which gave staff the necessary information to meet people's care. The staff and the temporary manager recognised the care plans were 'work in progress' and told us they had already been through a number of revisions. One staff member told us it would be helpful if the plans were electronic due to the time it had taken to do the revisions. The temporary manager had a timescale for completion for this round of revisions.
- People were engaged in volunteering at a local food bank and attendance at a woodwork group. One person went dog walking and others played football. People confirmed to us they participated in these activities.
- Displayed on a notice board were sheets of paper with an activity for each day. On one of our inspection visits the activity was gardening. Due to inclement weather, this was not possible and there was no alternative on offer. The temporary manager told us they felt the notice board was a step in the right direction and people could go out shopping if they wished. They recognised further improvement was required in this area.
- Staff had access to two vehicles to support people's interests and activities.
- Staff had spent time talking to people to give them choice and control about what they wanted to do.
- People were supported by staff to have access to the internet to source information.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place. No complaints had been made since our last inspection.

End of life care and support

- There was no one on end of life support during our inspection. People had been given the opportunity to discuss their end of life wishes. Where people had declined to discuss this sensitive issue, staff had respected their wishes and documented when they had declined.

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

Inadequate: There were widespread and significant shortfalls in people's care, support and outcomes. Some regulations were not met.

Since our last comprehensive inspection in 2017 and during our focussed inspections in February and September 2018 we have found a breach of regulation 17. During this current inspection, although improvements had been made we continued to find a breach of multiple regulatory breaches. Further improvements were planned.

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

- We carried out focussed inspections in February and September 2019 and found regulatory breaches. During this third inspection we found continuous breaches of regulations.
- Health and safety audits shown to us by the regional manager lacked rigour.
- Care plan audits sent to us by the regional manager identified where aspects of care plans were unsatisfactory. No action with timescales for improvement were identified. The regional manager sent us handwritten notes they had made These were without dates and whilst the notes showed an audit had taken place, frequency and actions to demonstrate improvement were not documented.
- The infection, prevention and control audit failed to identify the need for areas of the home to be deep cleaned.

These findings evidenced a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In the absence of the registered manager, the temporary manager recognised there were continued improvements to be made in the home and acknowledged these would take further time to embed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from other agencies confirmed events had taken place in the service about which we had not been notified. This suspected regulatory breach is being dealt with outside of the inspection process.
- During our last two focussed inspections carried out in February and September 2018 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 regional manager who told us they had not been told about this.

- We asked the regional manager for documents which gave us information about why alerts were made to the local safeguarding team. They advised us staff used the telephone. This meant the reporting of safeguarding risks was unclear.
- Without staff supervision in place we were not able to see learning and reflective practice taking place.

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

- People, staff, relatives and other professionals had not recently been engaged in evaluating the effectiveness of the service. We found that staff meetings were infrequent with three occurring in the last year. The temporary manager had held a meeting with staff and discussed the improvements required including the need for supervision. We found the service was insufficiently developed to listen to and incorporate people's views and make improvements.
- Staff understood people using the service had complex backgrounds and considered the risks and needs of people using the service every day.
- Wherever possible staff supported people's right to family life and enabled people to have contact with their family members.

Continuous learning and improving care

- At the time of our inspection the registered manager was on leave. A temporary manager appointed by the provider to work in a different service was supporting the home. Staff felt that this latter manager had come into the service with "a fresh pair of eyes" and was raising issues from which they were learning.
- Staff understood following our last inspection improvements were required and they were willing to learn and improve the delivery of the service.
- The service was open to learning from other services. Offers of staff training from professionals outside of the service had been taken up by the temporary manager.

Working in partnership with others

- Concerns had been raised by the local authority about the standards of care provided. The service had produced an action plan and were able to demonstrate they were making improvements. In the absence of the registered manager the provider had a temporary manager. They had been in post two months and had not had sufficient time to make all the necessary improvements.
- The service had invited a local team to work with them and support the learning of staff.
- The staff worked in partnership with the police protection unit.

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 11 HSCA RA Regulations 2014 Need for consent The provider failed to meet the requirements of the Mental Capacity Act and subsequent guidance. Regulation 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to do all that was reasonable to mitigate the risks to people. Regulation 12(2)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure effective systems were used to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Regulation 12(2)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff employed in the service had received appropriate support, training, professional development and supervision to enable them to carry out their duties. Regulation 12(2)(a).

