

# Aspire Healthcare Limited

# Poplar Lodge

## Inspection report

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27 September 2018

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We conducted the focused inspection from 21 to 27 September 2018. It was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We carried out an unannounced comprehensive inspection of this service on 3 April 2018 and rated the service to be Good. On 13 and 23 February 2018 we completed a focused inspection and reviewed the domains safe, effective and well-led. We rated the service as requires improvement overall and in these three domains. We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to safe care and treatment; the need for consent; staffing; and having good governance systems in place.

After inspection in February 2018, we received continued concerns from Durham local authority in relation to the operation of the service. As a result, we undertook a focused inspection to look into those concerns. We reviewed the domains safe and well-led.

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. Poplar Lodge provides care and accommodation for up to nine people who are living with a learning disability and who may have an offending history, so may present a risk of harm to others. On the day of our inspection there were eight people using the service.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We found that the registered manager had been diligently trying to make improvements but was not supported by the provider to achieve effective changes to the service. They had proactively sought advice from forensic mental health specialists and sourced training for staff in this field. However, further training was required to ensure staff and the registered manager were equipped with the skills needed to complete risk management plans for people with forensic histories and complex behaviours.

At the previous inspection and again at this one, staff reported that the provider ran services in Whitley Bay for people with similar needs. Previously the regional manager had stated that they would ensure the Poplar Lodge team could work with staff from these units to enable them to develop their skills in this field. We found that other than a staff member being deployed from one of the units to work as care staff member, no one from these units had offered or been asked to provide support to staff and assist them develop their skills.

The manager had closely listened to external professional's views about how to develop the care records

and had since our last inspection rewritten people's care records at least six times. We found that the care records were more informative and were written in a person-centred manner. However, the risk management plans needed to demonstrate what the current risks were and highlight how long ago historical risks were last present. They also needed to show how staff monitored people's behaviour and identified trigger behaviours or potential re-emergence of risk and provide detailed evidence of what action was being taken to reduce risks.

We spoke with the local neighbourhood police who were very positive about recent developments at the home and found staff had developed their skills around managing behaviours that challenge. This had led to a much lower call out rate for police assistance.

We found that improvements were needed around the management of topical medicines. One person showed us topical medicines they had been prescribed in January and April 2017, which they kept in their bedroom. There were no arrangements in place for staff to monitor usage of these topical creams. We drew this to the attention of the registered manager who agreed to go through people's room with them and identify topical medicines which required staff oversight.

The staff and people currently were responsible for cleaning the house, but had insufficient time to make sure deep cleans were completed on a regular basis. Thus, we found areas of the home that were dirty. We are aware that the infection control team recommended the employment of a cleaner and we concur that dedicated cleaning hours are needed each week to mitigate infection control risks.

People on the morning of the inspection, had left over broth from the night before for their breakfast. They enjoyed the food but we saw that it had been left out on the cooker overnight. Therefore, we were concerned that this did not meet the expected practice for storing food in the fridge to reduce the risk of bacteria forming on the broth.

People spoke positively about the staff at the service, describing them as kind and caring. Staff treated people with dignity and respect. Staff knew the people they were supporting well, and throughout included them in all discussions.

We found that manager had identified areas that needed to be improved such as replacing first aid boxes, developing support systems but the provider's process had led to none of these identified needs being actioned. Although the registered manager had been completing provider's audits these had not picked up issues we highlighted, for instance the issues with topical medicines.

The regional manager continued to have limited time to spend at the home and we found the provider's quality assurance tools did not pick up issues other professionals were noting.

People were very complimentary about the staff at the service and their attitude. They told us the service was very supportive and met their needs. People told us that staff were kind and caring.

We found the service continued to breach the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to safe care and treatment and having good governance systems in place.

You can see what action we told the registered provider to take at the back of the full version of the report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

Risk assessments had been developed but these did not fully or clearly detail the potential risks. The service was not clean and food was not stored in line with food hygiene requirements.

The medicines were not safely and appropriately managed.

Procedures were in place to ensure all staff were subject to proper employment checks before commencing employment. Staff were trained to recognise signs of potential abuse.

**Requires Improvement** 

### Is the service well-led?

The service was not always well-led.

The provider had not ensured the systems for assessing and monitoring the performance of the service were effective, which placed people at risk.

The provider had not supported the registered manager to make improvements to the service and they had not changed any of the ineffective audit tools.

The registered manager was taking action to improve the operation of the service, but further work was needed. They had identified actions that needed to be taken with the provider, but these were not acted upon

**Requires Improvement** 

# Poplar Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Poplar Lodge from 21 to 27 September 2018. This inspection was done after continued concerns were raised by Durham local authority about the running of the service. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well led? No additional risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

This inspection was undertaken by two adult social care inspectors. Before the inspection, we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also reviewed reports from recent local authority contract monitoring visits and spoke with the contract monitoring team members.

During our inspection we spoke with four people who used the service. We also spoke with the registered manager, a senior carer and two care staff.

We looked at five people's care records, as well as records relating to the management of the service. We looked around all the bathrooms and communal areas.

We did not carry out a short observational framework for inspection (SOFI) because people were able to communicate with us. This method of observation is used to capture people's experiences who are not able to voice them.

# Is the service safe?

## Our findings

The service was rated Requires Improvement at the last comprehensive inspection in February 2018 and this rating has not changed.

At the last inspection, we found risk assessments were not in place around managing risks of reoffending or violence, we determined there was a gap in their knowledge. Staff were unclear about what to look for when determining whether there were any changes in people's potential to re-offend. Neither did they know how to work alongside other organisations to assess risk or how to check if people posed a risk to others when out in the community.

At this inspection we found that staff were able to describe how they would monitor people's responses to their surroundings when out in the community. But this was not recorded in people's care records.

The registered manager had developed risk assessments and we found these contained information about people's history and potential risks. They were more informative than those previously in place but did not set out the context of the risk. Such as, when offending behaviour last occurred, if any triggers were known that could predict this re-occurring or the impact of their learning disability or mental health need on their behaviour. This meant staff could not contextualise and formulate risk profiles for people or determine what restrictions were needed. For instance, one person had last offended over 20 years ago. They had one-to-one support always to reduce the potential for re-offending but there was no evidence to show that staff had explored if this level of support was still needed. Also, all the risk assessments inferred that the offending behaviour was a recent phenomenon. This meant staff were not effectively considering presenting risk and formulating appropriate plans that incorporated least restrictive options.

Since the last inspection protocols for people's 'as required' medicines such as Paracetamol had been developed and included clear information about when and why these would be given. Staff had documented on the medication administration records (MARs) when these had been given and written on the back of the MARs the reason why.

Topical medicines are those which are applied to the skin. Staff kept people's topical medicines locked in the cabinet. We saw these were documented on the MAR. One person showed us topical medicines they had been prescribed in January and April 2017 and they kept in their room. There were no arrangements in place for staff to monitor usage of these topical creams. We drew this to the attention of the registered manager who agreed to go through people's room with them and identify topical medicines which required staff oversight.

We checked the MARs records and found there were no gaps in the management of oral medicines. However, we found staff had handwritten on the MARs where people had been prescribed new medicines. The National Institute for Clinical Excellence (NICE) in their guidance on Managing Medicines in Care Homes requires new records to be checked for accuracy and signed by a second trained and skilled member of staff before it is first used. These new entries on people's MARs had not been checked and signed for by two staff

members.

First aid boxes were available in the kitchen. On checking the first aid boxes we found a first aid wash solution with an expiry date of February 2016. Similarly dressing including eye pads were out of date. This meant the first aid equipment was likely to be ineffective according to the manufacturer's date. We spoke with the registered manager who told us they had requested new first aid boxes from the provider using the on-line system but these had not arrived. They told us they would obtain new first aid boxes using petty cash.

Care staff were expected to clean the building along with the people who used the service. We spoke with staff on duty who told us they could carry out some cleaning, however this was on an ad-hoc basis and subject to the needs of people who used the service on any given day. During our inspection we observed staff cleaning intermittently as they attended to people's requests for assistance. Staff told us they had very little time to complete deep cleans. It was evident that the staff tried to stay on top of the cleaning but there was insufficient time for them to complete a thorough clean. For instance, in the kitchen we saw pans required additional cleaning to remove burnt on food, items such as slow cookers were very greasy and the oven needed a deep clean. The kitchen had a commercial fly trap. This had not been cleaned and contained an array of dead bugs and flies. The Infection Prevention and Control team had visited the home in September 2018 and identified many areas which required cleaning to reduce the risks of cross infection. The team recommended that the provider consider employing a cleaner.

We observed staff were not following food hygiene guidance. We saw a large pan of broth was set on the cooker and found out this had been made the night before. One person helped themselves to a bowl of this for their breakfast and put it in the microwave to reheat. We were concerned that the food had not been stored overnight in the fridge, which meant bacteria would have developed. The person was not made aware of this or the need to consider how best to heat the broth so the risk of food poisoning was reduced.

Checks were carried on the building to ensure people were kept safe. These included regular fire checks and alarm testing. The registered manager showed us some of the up to date certificates but did not have copies of the gas and electricity servicing certificates. They asked the provider for a copy of these but to date had not received them.

This is a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found areas of the home to be tired and worn in appearance.

People told us they liked the staff and were appreciative of the things staff did for them. For example, the night staff had made some broth. People's comments included, "We have it good here," and "I get on well with them." In the survey carried out by the registered manager people only made positive comments about the staff.

Staff had received training from a local forensic team in the requirements of Mental Health Act 1983 (amended 2007) and communication. The local forensic team were due to provide further training sessions, which would cover holding multiway conversations, forensic risk management and positive behavioural support. This was yet to be delivered and it was evident that staff needed the training to understand their role in managing the risk people posed to themselves and others due to their mental health and past histories.

There was always a core group of staff on duty including waking night staff. Staff began work at various times to ensure they had safe access to the community. We looked at the rotas and found this was a regular pattern each day and provided enough staff to provide one-to-one support for people as well as general cover at the service.

Accidents and incidents, involving both people who used the service and staff were appropriately documented. The registered manager showed us how they review accidents and incidents. Staff were aware there was a process in place and they needed to record any accident or incident.

The registered manager maintained a safeguarding in file in which was documented safeguarding incidents. In people's files we saw staff were aware of potential safeguarding incidents and actions they needed to take. The registered manager told us that following our inspection and the visits from the local authority they had learned lots of lessons about where the service could be improved. They discussed how they had engaged with the forensic team and other healthcare professionals to assist them make positive changes to the service.

During our last inspection we looked at the recruitment of staff and found the provider's recruitment processes minimised the risk of unsuitable staff being employed. Since the last inspection no new staff had been recruited. We therefore were unable to check any new records

Staff took people to their appointments and ensured their well-being was supported. Records showed that discussion had taken place with people regarding their preferences when they near the end of their lives. Staff had documented if people did not wish to talk about the issues. This meant staff respected human rights and the right to life. Staff also supported people's right to family life and encouraged contact with people's family members where appropriate.



# Is the service well-led?

## Our findings

The service was rated Requires Improvement at the last comprehensive inspection in February 2018 and this rating has not changed.

The provider sent us an action plan detailing how the concerns we raised would be addressed. They gave assurances that action would be taken and that they would be compliant with the regulations by 31 August 2018.

At the last inspection 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. The provider has not taken any action to rectify this issue.

We also found that the regional manager completed bi-monthly audits, which did not normally involve visiting the service to visually check information, as they checked what was recorded on the system. The regional manager told that they oversaw another 14 services and had found this was the only way to manage their workload. We found that this method of oversight had not picked up the issues we identified throughout the inspection. Since February 2018 this practice had not changed. The registered manager told us that initially the regional manager visited on a weekly basis but this has reduced back to the previous level of oversight.

At the last inspection we also found, although, the registered manager had been completing audits these had not picked up issues, for instance the lack of 'as required' protocols, the uninformative care records, the lack of robust risk management plans and that staff had not received specific training to enable them to work in this specialism. The registered manager had never received training in completing audits, writing care records or risk assessment and acknowledged this gap in understanding impacted their ability to be effective when overseeing the service.

At this inspection we found the registered manager had been working hard trying to improve the service but was not supported by the provider so had been limited in what could be achieved. The provider had not provided them with training on completing audits, writing care records or risk assessment. They had not reviewed the audits to determine why they were not effective and had not responded to requests for items such as first aid kits. Despite saying that the registered manager would be supported by teams from their other services this had not happened.

The registered manager had a four-weekly cycle of audits in place. Each week they carried out one of four audits in the cycle. We found in each audit there was no column to record what remedial action was needed, who was responsible for taking it forward, the timescale, signature of the person completing the task or the date when it was completed. We found where issues had been identified, there was no evidence to confirm they had been resolved.

The audits were health and safety, medication, infection control and fire. The medication audit did not address the issue of topical medicines or where people may self-administer their medicines. The infection control audit had failed to identify the issues raised by the Infection Prevention and Control team during their visit to the service in September 2018.

Staff used a measurement tool to monitor people's progress. One person was repeatedly marked as stuck and had made little progress in their stated goals. This was accepted by the staff and the culture of the home sustained this position. Staff had not applied critical thinking to look at alternative ways to help the person achieve.

We found that two people were accessing work but it was unclear if this was paid or voluntary. One person had just started working for the provider as a delivery assistant, so took boxes and items into the provider's services. We found that there was no process in place to check that the person was suitable to visit the services and had completed moving and handling training. Also, the provider had not considered that this would be normally treated as paid work and not free labour. A second person had worked for a builder for a number of years but the service had no information on what terms and conditions they had and if they were paid. The quality assurance processes had not picked these issues up.

We found that staff meetings were infrequent with three occurring in the last year. The meetings were held 4 January, 11 April and 24 August 2018. They covered issues relating to the service, but the infrequency meant action points were not followed up. We also noted that there was no staff survey.

On 6 September 2018 the regional manager completed a provider visit report. This followed CQC's format and referenced all the key lines of enquiry used by CQC. They rated the service as good overall and in all five domains. It noted three issues to be addressed, which were the food temperatures not being recorded, review the fire risk assessment and organise the incident file. We again found the quality assurance procedures in place lacked 'rigour.'

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager checked that the people who worked were appropriately vetted, trained, what jobs they undertook and if this would mean they should receive payment or if they agreed to work in a voluntary capacity.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured the potential risks were managed effectively.  Regulation 12 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured that the systems and processes that were in place to assess and monitor the quality of the service were effective.  Regulation 17 (1)