

Tamehaven Limited

Poplars Care Centre

Inspection report

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Date of inspection visit:
31 March 2021
01 April 2021

Date of publication:
13 May 2021

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

About the service

Poplars Care Centre is a residential care home providing personal and nursing care to 45 people aged 65 and over, some of whom were living with dementia at the time of the inspection. The service can support up to 71 people, in two separate wings of the service.

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

Care records did not always contain the relevant information to keep people safe and reduce the risk of harm. Care records had been reviewed and audited on a regular basis however, the shortfalls had not been identified or rectified during these quality checks.

Staff had been trained and understood how to keep people safe from potential abuse. People spoke fondly of the staff supporting them. Observations showed people were treated with kindness by staff who understood the importance of protecting their privacy and dignity.

There were enough nurses and care staff to meet people's needs. Medicines were managed safely and administered by nurses that had been trained and had their competency assessed.

Potential risk posed by the environment had been assessed with systems in place to reduce the risk. For example, regular checks of the fire alarm system and equipment used to support people to move were made.

Staff worked in partnership with external healthcare professionals to ensure people remained as healthy as possible.

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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 22 April 2020).

Why we inspected

The inspection was prompted in part due to concerns received about discrepancies and inconsistencies

within people's care records. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

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

Enforcement - We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified a breach in relation to failings within the care records at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Poplars Care Centre

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

The inspection was carried out by two inspectors. One inspector visited the service and the other inspector reviewed records offsite.

Service and service type

Poplars Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. 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. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people using the service and gathered feedback from three relatives about their

experience of the care provided. We spoke with seven members of staff including the registered manager, the operations manager, the deputy manager and clinical lead, a nurse, two care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the communication between the management team and staff and quality assurance records.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

Assessing risk, safety monitoring and management

- Potential risks were not consistently managed to keep people safe and reduce the risk of harm. Errors and gaps within people's care records pulled through into their electronic 'hospital passports'. These were documents that were printed out and given to the emergency services if the person required emergency medical attention. For example, one person's care plan stated they were type one diabetic and later within the same document it stated they were type two diabetic. These are two very different conditions which are treated differently, the confusion could lead to the person being given the wrong medical support which could lead to severe harm.
- Care records contained some inaccurate and incomplete information, which placed people at risk of receiving inappropriate care and support. For example, one person's risk assessment stated they required the use of a hoist and two members of staff to get out of bed. No further instructions or guidance was available to ensure this was completed safely.
- Another person's care records stated they required daily support from staff to manage their catheter. However, during the inspection we identified this person had their catheter removed four months prior to our inspection. This person's care records had been reviewed each month by the registered nurse on duty however, this inaccurate information remained within the care plan placing the person at risk of harm from unsafe care and support.
- People's care records were not consistently person centred nor did they inform staff how to meet people's specific needs. For example, one person's communication care plan stated they were prone to having low moods. No further information had been recorded to inform staff how to support the person and promote their well-being. This put the person at risk of their well-being deteriorating without adequate support.

Failure to ensure people care records were accurate and complete placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to ensure the building was maintained. A maintenance person was employed whose role involved a range of checks including the fire alarm system, window restrictors, radiator temperatures, hot water checks and visual wheelchair checks.
- Areas of the service appeared in need to updating and redecoration. The senior managers audit in March 2021 recorded, 'home looks tired'. We spoke with the senior management team about this who said there were plans in place to undertake redecoration within the entire building. Emergency repairs had been completed throughout the pandemic as well as new vinyl flooring.

Systems and processes to safeguard people from the risk of abuse

- People's feelings were mixed about the service. One person said, "I like living here, and I feel very safe." Another person said, "There isn't too much to do here, but I am quite happy with it." A relative told us their loved one had said, "You don't know what it's like living here all the time, it has changed so much since I first went into the care home" and telling their relative that they would not choose this care home now to live in.
- People and relatives spoke highly of the staff. One person said, "The staff are excellent, I can't thank them enough." A relative said, "When I visit [loved one] the day staff are always very pleasant and helpful, and I have never had any cause for concerns." Observation showed people appeared relaxed and comfortable in the presence of staff, chatting and interacting.
- Staff had been trained and understood the action to take if they suspected abuse. Staff felt confident any concerns that they raised would be taken seriously and acted on.
- The management team monitored any safeguarding concerns that had been raised, closed and ensured any actions to the outcomes were completed.

Staffing and recruitment

- People's needs were assessed on an individual basis; the registered manager used this information along with a dependency tool to monitor staffing levels to ensure people's needs were met.
- The management team completed observations of the staffing levels and audited the call bell times to ensure people were not left waiting for care or support. Staffing levels would be amended depending on people's level of needs.
- Staff were recruited safely, completing checks to minimise the risk of unsuitable staff being employed. Nurses were registered with the Nursing and Midwifery Council and checks were made on their Personal Identification Numbers (PINs) to confirm their registration status.

Using medicines safely

- People received their medicines safely, from nurses that had been trained and had their competency assessed. Systems were in place for the ordering, obtaining and returning of people's medicines. Medicines were stored safely, securely, and at appropriate temperatures, including medicines which required refrigeration.
- Medicine Administration Records were completed accurately, and these had been audited on a regular basis, including spot checks, any shortfalls that were identified were acted on and addressed. There were suitable arrangements for the storage and recording of medicines which required additional safe storage.
- Protocols and guidance were in place for people who were prescribed 'As and when required medicines' (PRN). These protocols provided clear guidance for their use. This is important for example, for people living with dementia who may be showing distressed behaviour because they were in pain.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were monitored and investigated to identify potential patterns or trends, changes were then made to reduce the risk of reoccurrence.

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 Good. At this inspection this key question has now deteriorated 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

- The provider's programme of checks and audits were not always effective in identifying and addressing the shortfalls we found within people's care records. Whilst we did not see a direct negative impact on people, we found errors within people's care records that had not been identified.
- Daily clinical meetings were held with the lead nurse on each unit and the registered manager. These meetings enabled the registered manager to be updated with any medical concerns that had occurred the previous night or the morning.
- Staff were aware of their role and responsibilities however, these had not always been followed when reviewing people's care records. All staff were given a job description and contract at the start of their employment. Staff were given the opportunity to discuss their role with their line manager during supervision meetings.
- The registered manager had submitted notifications to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as a serious injury or allegations of abuse.
- The provider displayed the latest CQC inspection report rating at the service. This is so that people, visitors and those seeking information about the service can be informed of our judgements.

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

- There were mixed views about the management and leadership of the service. One person said, "I know who the manager is, I see her quite allot, most days probably. She is very approachable." A relative told us from the feedback they had received from their loved one, that the management had 'gone downhill, and a lot of care staff had left.' There had been a turnover of staff however, staffing levels were maintained to meet people's needs.
- Some staff felt the registered manager did not always interact with staff at all levels equally. The registered manager told us, holding large staff meetings had been difficult during the pandemic however, they had an open-door policy where staff could speak with them at any point.
- The provider had promoted a positive and inclusive culture throughout the pandemic with weekly emails and updates to ensure staff were kept up to date with the latest guidance. Handover meetings were held at the start and end of each shift between care and nursing staff to enable an effective overview of how people had been during their shift.

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 responsibility in line with the duty of candour. There was a policy and procedure in place that was followed if something went wrong; this was to ensure all parties were open and honest.
- The registered manager told us they had used the policy recently, to contact the relatives of a person who had been injured due to an accident. The registered manager said they had completed an investigation and had informed the relatives of the action that had been taken.

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

- Daily meetings were held with a different person each day, enabling them to give feedback about their care, the food and other service that were provided. Concerns or suggestions that were raised during these meetings were acted on. For example, a concern was raised regarding the hot chocolate that was being used; further investigation found the usual brand was out of stock and a different brand had been supplied.
- Communication between staff and relatives had been maintained throughout the pandemic. The senior management team had created a dedicated email address for relatives to ask any questions about visiting or to raise any concerns, this enabled governance over any potential issues.
- The provider planned to send out a survey to people and relatives during 2021 to gather feedback about any improvements that could be made.

Working in partnership with others

- The entire staff team worked in partnership with a range of healthcare professionals to ensure people remained as healthy as possible. Referrals were made to the relevant professionals when required such as, the Speech and Language Therapist and the Tissue Viability Nurse.
- The GP completed a weekly call and visit to the service to review any person needing medical support.

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
Treatment of disease, disorder or injury	Failure to ensure people care records were accurate and complete placed people at risk of harm.