

# The Poplars Care & Support Services Limited

# The Poplars Nursing Home

## 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?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Poplars Nursing Home is a care home providing personal care to up to 58 people. The service provides support to older and younger people. At the time of our inspection there were 47 people using the service.

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

Care records required improvements to ensure all information and guidelines are accessible to staff when delivering care and support to people. The provider was not consistently working in line with the principles of the Mental Capacity Act which put people at risk of being deprived of their liberty without lawful authority. The home's physical environment required some improvements. The provider had already identified this, and the home was undergoing refurbishments. Some people's bedrooms required work to improve the appearance and provide a homely environment.

Staff knew how to recognise signs of abuse and how to report concerns. There were systems in place to record and investigate incidents and accidents. This included lessons learnt to mitigate incidents reoccurring. Staff were recruited safely.

Medications were managed and administered safely. Staff had received medication training and their competency to support people with their medicines had been checked.

People's needs were regularly assessed to ensure they were receiving the right care and support. People were supported to eat and drink safely and in line with their dietary requirements. Staff worked with external professionals to ensure a joined-up approach to people's care.

People were supported by staff who treated them with kindness and respect. Staff ensured they upheld people's dignity. People were encouraged to express their views and be involved in decisions around their care. People were offered choices and supported to maintain their independence.

People's care records were person centred and captured people's protected characteristics. Staff knew people well, and knew their routines, likes and dislikes. Staff communicated effectively with people to meet their communication needs. People were supported to maintain relationships with their loved ones and take part in activities which were socially and culturally relevant to them. Staff received training in end of life care and knew how to support people.

The manager had taken steps to improve the quality of care in the service since the last inspection. The manager engaged with people using the service, through feedback forms and meetings. Staff took pride in their roles. The manager understood their responsibility towards duty of candour.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

At our last inspection we found breaches of the regulations in relation to safe care and treatment, notifications of other incidents, dignity and respect and good governance. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection, we found the provider was no longer in breach of these regulations. However, we identified a breach of regulation in relation to safeguarding people from abuse and improper treatment.

#### Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection.

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.

#### Enforcement

We have found a breach in relation to safeguarding people from abuse and improper treatment at this inspection.

Please see the action we have told the provider to take at the end of the full version of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

**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 well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Poplars Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors, an assistant inspector, an Expert by Experience and a specialist advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist professional advisor was a qualified nurse.

#### Service and service type

The Poplars Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 there was not a registered manager in post. There was a manager in place who was managing the day to day running of the service and during the inspection we were advised they had applied to become the registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and

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

During the inspection

We spoke with 4 people using the service and 8 relatives about their experience of the care provided. We spoke with 11 members of staff, including the manager, the nominated individual, carers, nurses, and the chef. We reviewed a range of records, this included 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

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

At our last inspection we found risks had not always been assessed to mitigate risk. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulations.

- We found 2 people's care plans did not provide clear guidance for staff to follow when supporting them with known health needs. However, staff we spoke with demonstrated they knew how to support people. We raised this with the manager who rectified this immediately by adding additional information to the care plans.
- Improvements had been made to people's care plans that identified known risks to people. An initial assessment of people's individual needs and risks had been completed prior to them moving to the service.
- Where people required support with repositioning to reduce the risk of skin damage, this was clearly detailed in their care records. Staff completed documentation to evidence when they had provided this support.

### Systems and processes to safeguard people from the risk from abuse; Learning lessons when things go wrong

- Staff knew how to recognise the signs of abuse and how to report concerns. One staff member told us, "I think if the person is normally chatty and, suddenly, they've gone very quiet or if they are refusing activities, they usually enjoy that would raise alarms for me because it's out of character. I would go first to my team leader."
- People told us they felt safe living at the home, and their relatives also felt confident about the safety of the care provided.
- The manager had reported notifiable incidents to the appropriate organisations.
- There were systems and processes in place to record and investigate incidents and accidents. This included lessons learnt to prevent future occurrences.

### Staffing and recruitment

- Staff were recruited safely; the manager carried out Disclosure and Barring Service (DBS) checks prior to

staff commencing employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Since the last inspection, improvements had been made to ensure there were enough staff to meet people's needs. The manager used a dependency tool to calculate how many staff members were needed on each shift. We observed people's needs were met in a timely manner.

#### Using medicines safely

At our last inspection we found where people required medication to be given as and when required (PRN), the appropriate recording and review were not always in place. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulations.

- People's medication was managed and administered safely.
- We observed a nurse administering medication. The nurse took their time and communicated well with people whilst offering them their prescribed medication.
- Since the last inspection improvements had been made to ensure where people received medication 'as and when required' (PRN) appropriate processes were in place. People had PRN protocols in place for staff to follow, and the reason why the medication was required, and the effectiveness of the medication were recorded.
- Staff responsible for administering medication had received training, and had their competencies assessed.
- Where people were prescribed topical medications, these were all in date, and dated when opened. There were body map forms in place which staff used to guide them when applying people's creams. Staff understood how to use body map forms and the purpose of these.

#### Preventing and controlling infection including the cleanliness of premises

- 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.

#### Visiting in care homes

- The visiting arrangements enabled people to maintain contact with their loved ones.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not working in line with the principles of the MCA.
- The provider had not ensured applications for DoLS authorisations were consistently made as needed. There had been a delay in applying for further DoLS authorisations 5 people after their previous DoLS authorisations had expired. We raised this with the manager who confirmed these authorisations were still needed and submitted the relevant applications immediately.

We found no evidence that people had been harmed however, the provider had failed to ensure people were not deprived of their liberty for the purpose of receiving care without lawful authority. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When people were assessed as lacking capacity to make certain decisions, mental capacity assessments and best interest decisions had been recorded.
- Staff had received training and had an understanding on the MCA. We observed staff sought people's consent when entering their bedrooms and supporting them with mobility needs.

Staff support, training, skills and experience

- Staff had the relevant skills and training to support people.
- Since the last inspection improvements had been made to ensure staff had completed the provider's mandatory training. The manager used an online system to monitor when refresher training was due.
- Staff received regular supervisions and appraisals. Staff told us they found these useful and supportive. One staff member said, "If you have a problem, she [manager] will talk to you, she will explain, she will do supervisions."

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

- People were supported to eat and drink. People and relatives told us they liked the food. One person said, "I like the food. I am fussy. The chef will cook me the food I like every day."
- Staff we spoke with had a good understand of people's dietary requirements and how to ensure people were protected from risks such as choking. People's dietary needs had been recorded so staff could refer to this for guidance
- There were systems and processes in place to monitor people's weights. When concerns were raised about changes in people's weight, we saw evidence this was escalated with the doctor.
- When people were eating their meals, the environment was a calm atmosphere and people were physically supported by staff when required in a respectful manner.
- The chef was knowledgeable about people's dietary needs and requirements.

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

- The service design had been adapted to enable people to mobilise safely around the home.
- The home was undergoing refurbishments to improve the appearance of the environment. Some people's bedrooms required more work to ensure a homely and comfortable environment. We raised this with the manager who told us they would discuss this topic with people and their relatives at the next 'residents meeting'.
- People's bedroom doors included a photograph and their name to enable people to orientate themselves.
- The garden had recently been renovated to encourage people and their relatives to utilise the outdoor environment. One person said, "With the weather picking up my relative will take me out in the wheelchair to the garden."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives and staff worked with external healthcare professionals to ensure people received a joined-up approach to their care.
- Since the last inspection, improvements had been made to ensure staff completed records when supporting people with their oral health needs.
- We saw evidence that people were referred to external healthcare professionals when their needs changed, and staff followed recommendations made.
- There were systems in place to ensure staff were made aware when people's needs had changed. This included handovers, staff meetings and care records.

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

- Improvements had been made to ensure pre- assessments were completed prior to people moving to the home. People and their relatives were involved in this assessment. One relative said, "Yes, we have family input."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 supported by staff who treated them with respect and kindness.
- The manager had considered feedback from the last inspection and ensured that people's sexuality was captured in their care records.
- We observed kind and caring interactions between staff and people. A relative said, "Oh yes, [staff are] definitely kind and caring." A person we spoke with told us, "I look at the staff as my second family."
- Care records identified people's equality and diversity characteristics and staff were aware of these and how these impacted upon people's care and support.

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

- People were encouraged to express their views and make decisions about the care they received.
- Improvements had been made to ensure people and relatives were involved in the development and review of their care plans. This was evidenced in people's care records.
- We observed people being offered choices about what they would like to eat and drink and where they would like to sit in the lounge.

Respecting and promoting people's privacy, dignity and independence

At our last inspection we found the provider had not ensured people were always treated with dignity and respect. This was a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulations.

- Since the last inspection the manager had identified a staff member to carry out the role of dignity champion who was responsible for championing the promotion of dignity and respect within the service. This included staff workshops and observing staff and people's interactions.
- People and relatives told us staff promoted their dignity and independence. One person said, "They respect my privacy and dignity."
- Staff told us how they prompted dignity and independence. One staff member explained this included closing doors and curtains when supporting people with personal hygiene, seeking people's consent to care

and asking them how they preferred their care to be provided.

- People's care records outlined what tasks they could complete themselves, or with minimal support from staff. This helped staff ensure people were able to maintain their independence.
- People's personal information was stored correctly to ensure it was kept confidential.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- People received personalised care in line with their needs.
- People had 'talking boards' in their bedrooms (A visual tool to encourage conversations about people's interests, hobbies and fond memories). These enabled staff to determine people's interests. There were a number of people at the home who lived with dementia, and these visual aids enabled staff to provide personalised care which met people's needs. One staff member said, "Talking boards are very useful. If the information wasn't on the board, there's no way I'd know about it. It also refreshes people's memory."
- People's care records were personalised and provided staff with information about their personal background and significant events and people in their lives.
- Staff knew people well and could describe people's routines and their likes and dislikes. One staff member said, "I looked on [person's] talking board and [person] was a fan of a local football club. [Person] used to go with their relative when they were little and sit on relative's shoulders. I said when they [football club] are playing on the tv, I'll put it on for you."

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care records outlined their communication preferences. One person had a hearing impairment and used a whiteboard to communicate with staff. This allowed them to effectively communicate with staff to express their wishes and preferences.
- There were several people who spoke Punjabi and staff were able to communicate with them in their preferred language.
- We observed staff used pictorial menus to aid people with making choices about their food and drink.

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

- People were supported to maintain relationships and take part in activities which were socially and culturally relevant.
- Relatives told us people were supported to maintain relationships with their loved ones. One relative said, "[Person] gets the carers to phone me up sometimes." Another relative said, "We visit [person] 3 or 4 times a week."

- Relatives told us people were supported to take part in activities. One relative said, "Sometimes [person] doesn't do anything, it depends on [person's] mood. But staff encourage [person] to participate in the activities such as bingo and jigsaw puzzles. [Person] can go to the temple if he wants."
- During the inspection we were shown pictures of people celebrating different cultural and religious events such as Eid, Diwali and Jamaican Independence Day. Whilst the inspection was underway the home was being decorated and preparations were underway to celebrate the King's Coronation. One relative told us, "The atmosphere is very good. The home arranges entertainment. They have also introduced different religious activities."

#### End of life care and support

- People had end of life care records in place which contained information about people's end of life wishes.
  - Staff received training in end of life care and explained to us what good end of life care would look like.
- #### Improving care quality in response to complaints or concerns
- The provider had a clear complaints process in place. We reviewed complaints received about the service and they had been actioned appropriately.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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-centered 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 we found the provider had failed to ensure governance systems were effective to ensure people received safe and good quality care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider was no longer in breach of regulation 17. However, further improvement was needed.

- The provider completed a range of audits and checks to monitor the quality and safety of people's care. However, the provider's care plan audit was not effective in identifying missing information from 2 of the care plans we reviewed. The care plans required clearer guidance for staff to follow on how to manage people's known health conditions. This lack of information meant staff may not work in a consistent manner. The manager and nominated individual were receptive of our feedback. –
- The provider's systems and processes had failed to ensure they consistently met the requirements of the Mental Capacity Act. The provider had a 'DoLS tracker' in place, which included the dates people's DoLS authorisations had been granted and were due to expire. However, this monitoring of DoLS authorisations had not been effective.
- Improvements had been made since the last inspection to ensure people's care and support needs were assessed prior to them coming to the service.
- Improvements had been made to embed a culture of continuous learning in the service provided. A dignity champion had been appointed to ensure people's dignity and respect was promoted.
- The manager had taken steps to drive improvement in the service since the last inspection to improve the quality of care delivered to people.

At our last inspection we found the provider had failed to notify the Care Quality Commission of the outcome of applications for Deprivation of Liberty Safeguards (DoLS) authorisations. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. At this inspection enough improvement had been made and the provider was no longer in breach of regulations.

- The provider had submitted statutory notifications to CQC in line with regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager engaged and involved with people using the service.
- The manager provided people and relevant others with the opportunity to feedback on the service by, for example, distributing surveys to people, relatives, staff and community. We saw recent feedback provided on their surveys had been positive.
- The manager held regular meetings with staff, people, and relatives. One staff member said, "I do find them [meetings] useful because no matter how many times you've done things, reminders are good, and it's an opportunity to discuss changes with the clients [people] and their needs."
- Staff took pride in their roles and told us they enjoyed their job. One staff member said, "The residents are what bring me joy, talking to them and listening to their stories. I love looking at photographs; some of the families bring an album in and it gives you things to talk about."

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 manager understood their responsibilities in relation to duty of candour. The manager said, "It's being open, and being transparent - not just with families also with external professionals."

Working in partnership with others

- The manager worked with external professionals to ensure people's care and support needs were met. This included social workers, physiotherapists, speech and language therapists, chiropodists, community matrons and palliative care teams.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	The provider had failed to ensure people were not deprived of their liberty for the purpose of receiving care without lawful authority.