

Tawnylodge Limited

# Poplars Nursing and Residential Care 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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Poplars Nursing and Residential Care Home is a care home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection. The service can support up to 60 people in one adapted building with support provided over two floors with five communal lounges for people to use.

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

Staff understood how to reduce the risk of infection but did not always follow procedures in place by wearing aprons when required. Improvements had been made to staffing levels which had reduced the number of unwitnessed falls and incidents between people. This needs to be maintained to ensure people's needs are met safely on a consistent on-going basis.

People were not always given a choice of food in a way they understood. People were not always supported to eat and drink at meal times when they needed it. People's diverse needs were not always fully considered in the assessment process.

People's dignity was not always respected. Staff did not always use terminology that promoted people's dignity.

Support was not always delivered in line with people's preferences. People were not always supported to have baths as often as they would like and people living with dementia did not always have their care needs met in their preferred way.

People told us they felt safe. Effective systems were in place to keep people safe and staff understood how to report safeguarding concerns. People's risks were assessed and staff understood how to manage risks. Action was taken where needed to manage risk and maintain people's safety. Medicines were stored and administered safely, and clear protocols were in place for the administration of 'as required' medicines. When things went wrong, action was taken immediately to reduce the risk of reoccurrence.

People and their relatives were involved in assessing their needs and identifying their preferences. People were supported by well trained staff who had the skills to meet their needs. People's rooms were personalised to their preferences and pictorial signs supported people living with dementia to orientate themselves in the home. People were supported to access health professionals in a timely manner when needed and staff understood when referrals should be made for specialist health input.

Improvements had been made to the culture of the home but further time was needed for this to embed as some staff did not always follow procedures set by the manager.

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.

People were supported by staff who understood how to promote their independence and respected their privacy. People were supported by kind and caring staff who had built a rapport with them. People were supported to express their views and be involved in decision making about their care.

People's care plans were personalised and reflected their needs and preferences. Improvements had been made to the activities available. People were encouraged to engage in activities of their choice and make suggestions for activities they would like to do. A complaints policy was in place which was followed. Where complaints had been made, they had been investigated thoroughly and a response had been provided. People's end of life wishes had been discussed with them so their preferences were known at this stage of their life.

Audit systems had improved and were effective in checking the quality of the service. Daily audits had been implemented to ensure people were receiving support in line with their care plans. Concerns identified through audit checks were addressed immediately with staff. The manager was aware of their statutory responsibilities in relation to submitting notifications to CQC. Positive steps had been taken to improve the culture in the home and the staff found the new manager to be approachable. The provider was open and transparent and understood the duty of candour. People, staff and relatives were encouraged to provide feedback regarding the service. The provider and manager were proactive in taking learning opportunities and worked closely with other organisations to improve the quality of care.

For more details, please see the full report which is on the CQC website at

Rating at last inspection (and update)

The last rating for this service was inadequate (published 16 July 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 16 July 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always 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 always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Poplars Nursing and Residential Care 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector, one specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Poplars Nursing and Residential Care Home 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.

The service did not have 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. The manager we spoke with on the day of inspection informed us they had been working at the service for less than two months' but they were in the process of registering with the Care Quality Commission. We will continue to monitor this.

#### 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. We 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 four people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the nominated individual, regional manager, manager, nurses, care workers and agency staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence we found. We looked at the training matrix and some more daily 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 inadequate. At this inspection this key question has now improved to 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.

### Staffing and recruitment

At our last inspection, the provider had failed to ensure there were enough staff available to meet people's needs and they were not always deployed effectively to ensure people received support when they needed it. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and their relatives provided mixed feedback regarding whether there were sufficient staff available to meet people's needs. One person told us, "The staff are often very short and they use a lot of agency staff." We discussed this with the manager who informed us that due to difficulties with recruitment, they were using agency staff at the current time, but the same agency staff were used consistently to ensure they could meet people's needs safely.
- Staff told us there had been improvements in staffing levels and there were now enough staff to meet people's needs. We observed sufficient staff to meet people's needs safely and saw there was now one staff member located on the dementia unit at all times which had reduced the number of incidents between people living at the home and unwitnessed falls.
- People's dependency scores were reviewed on a monthly basis and their needs were scored higher if they fell between two levels to ensure sufficient staff numbers were calculated and then put in place.
- Whilst staffing levels have improved since the last inspection, this required time to embed to ensure this is maintained consistently and people's needs are met safely on an ongoing basis.
- Staff were recruited safely which ensured people were supported by suitable staff who were able to meet their needs. Disclosure and Barring Service (DBS) checks were undertaken and gaps in employment history were checked prior to staff commencing employment.

### Preventing and controlling infection

- Staff understood how to prevent the spread of infection but did not always follow infection control procedures in place.
- One staff member told us, "I wear personal protective equipment (PPE) to prevent infection, this is apron and gloves. I haven't seen anyone without PPE, we have this as part of our training." However, we observed some staff members not wearing aprons when serving food at meal times which may have increased the risk of cross infection. Staff meeting minutes showed this had previously been discussed with staff but some staff were still not following the correct procedures.

- Hand washing signs were in place throughout the home and hand gel was available for staff and relatives to use.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I have no concerns about my safety and I feel that my needs are being catered for." A relative told us, "I do go home confident that [Person's name] is safe and well looked after here."
- Effective systems were in place to keep people safe. Accidents and incidents were recorded, trends were analysed and action was taken when needed. The manager also submitted CQC notifications and safeguarding referrals when appropriate.
- Staff were aware of the types of abuse and understood how to report safeguarding concerns. One staff member told us, "I have had safeguarding training. Abuse can be physical, psychological or neglect. If I saw this, I would go directly to my manager and report it and would then have to write a statement."

#### Assessing risk, safety monitoring and management

- People's risks were assessed and reviewed and action taken when required. We saw where one person had experienced a significant number of falls from bed in a particular month, they were referred to the falls team and they were provided with a crash mat and low bed.
- Staff understood risk assessments in place and followed them. For example, a staff member told us, "[Person's name] requires turning two hourly. We always record when we have turned them so we know which side we need to turn them over on to."

#### Using medicines safely

- People's medicines were stored and administered safely. Fridge and room temperatures where medicines were kept were checked on a daily basis to ensure they were the correct temperature.
- Medicine Administration Records (MARs) were completed by staff when medicines were administered and body maps were in place for the administration of topical creams.
- Clear protocols were in place for the administration of 'as required' medicines which guided staff when to administer them.

#### Learning lessons when things go wrong

- When things went wrong, actions were taken to reduce the risk of reoccurrence.
- For example, when one person accessed the outside of the home, the maintenance person immediately installed a temporary lock, an electrician fixed the magnetic lock and the person was checked by staff every 30 minutes immediately.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People gave mixed feedback regarding whether they were given a choice of food. One relative told us, "I have never seen [Person's name] be given a choice in food – they just put something in front of them." However, one person told us there had been improvements in food at the home, "The food was really bad earlier in the year but it has improved recently and there is often a choice now."
- Show plates were used on inspection to show people living with dementia food choices but staff did not always seem familiar with this. We observed one staff member giving the show plate away to a person and another staff member asked them to get it back. One relative told us they had never seen staff use a show plate before to offer people food choices.
- Staff understood people's dietary needs and the support they needed to eat and drink. One staff member told us, "Some people need help with eating and drinking and [People's names] are on a pureed diet. [Person's name] usually comes downstairs and [Person's name] has meals in their room."
- However, people were not always provided with the support they needed at meal times in a timely manner. For example, we saw one person had difficulty using cutlery to eat their meal as they were positioned a distance from the table. The person then used their hands to eat which resulted in much of the food being spilt down them.

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

- People's diverse needs were not always considered fully in the assessment process. We saw one person's religion had been identified and care planning directed staff as to what health treatment they would not have due to their religious beliefs. However, assessments did not show consideration of other protected characteristics under the Equality Act 2010 such as their race or sexual orientation.
- The manager told us the group of people who currently lived at the home were not very diverse, but changes would be made to assessments to ensure this was considered fully going forward.
- People and their relatives were involved in assessments which identified their preferences and guided staff on how they would like to be supported. One relative told us, "We did discuss a care plan and I believe at the moment this is being followed."
- Staff told us they were supported to read people's care plans to enable them to deliver effective care. One staff member told us, "I do have time to read care plans and have chance to do this on the floor."

Staff support: induction, training, skills and experience

- People were supported by well trained staff who had the skills to meet their needs. One staff member told us, "Training was really good. Some is online, they update you of what training you need to do when you log

on."

- People and relatives provided mixed feedback regarding the use of agency staff. A relative told us, "They use a lot of agency staff and therefore there is not a consistent skill mix and this is reflected in the care." We discussed this with the manager who assured us they try to ensure consistency in agency staff and they were closely monitored to ensure the care they provided met people's needs.
- We observed permanent staff sharing their knowledge and experience to guide new staff members about how to support people.

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

- People's rooms were personalised to their taste and they had personal items in their bedrooms.
- The building was designed to meet people's dementia needs. Pictorial signs were used on toilet and shower doors to assist people with orienting themselves around the building.
- People's doors had name signs on them which had been changed since the last inspection to ensure that they were personalised to each person's likes and interests.
- People who used wheelchairs had access to lifts to ensure they were able to access all parts of the building.

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 access health professionals when they needed. One person told us, "I see other professionals as I need to; the GP has just given me antibiotics for my chest."
- Staff understood people's healthcare needs and knew when they needed to refer to health professionals. One staff member told us when supporting a person with diabetes, "It's knowing the difference between them just being tired or their sugars not being right. If I was concerned, I would ring the district nurses straight away. They are good, we've got a good relationship."
- People's oral healthcare needs were considered in care planning. The regional manager told us that some residents had visited the dentist and they were currently trying to source a dentist who would visit the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of the MCA and knew how this applied to supporting people. One staff member told us, "We always assume people have capacity and ask them about their choice."
- Decision specific mental capacity assessments had been completed where required. For example, where people's liberty was being restricted through the use of bed sensors and crash mats.

- Where people were unable to make decisions for themselves, best interests' decisions had been made in the least restrictive way possible.
- Staff asked people for their consent before supporting them.
- Where people were deprived of their liberty, appropriate DoLS applications had been made.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was not always respected at meal times. One relative told us "I have issues with dignity at meal times. If people prefer to eat with their fingers it is not appropriate to give them mashed potato or custard for example, they should be given food they can pick up."
- Staff did not always use language that respected people's dignity. For example, on one occasion, we saw the word 'feeders' was used in a dining room audit to refer to people who required support to eat. We spoke with the manager about this who assured us this was not accepted terminology in the home and assured us this would be addressed.
- People were supported by staff who understood how to promote their independence. We saw where people used walking frames, these were accessible and people were able to walk round their home independently.
- People were supported by staff who knew how to maintain people's privacy.

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

- People were supported by kind and caring staff. One relative told us, "They do seem very caring and attentive; I have not seen anything that concerns me."
- We observed people being supported by staff who had built a positive rapport with them. One person told us, "The staff are mostly very kind and helpful. I can have a laugh with some of them."

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

- People were supported to express their views. One person told us, "I discuss my choice of clothes in the morning with the staff."
- We observed people being asked where they wanted to spend their time and people told us they could choose where to eat.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- People's care plans were personalised and reflected their choices and preferences.
- Some improvements had been made to how support was delivered to meet people's personalised needs. For example, repositioning charts showed us that people were being repositioned regularly in line with their care plans and call bells were being responded to in a timely manner.
- However, people told us staff did not always deliver care in line with all people's preferences. One person told us, "I think staff do sometimes ignore people with dementia and don't always get them what they have asked for."
- People told us they were supported to have baths and showers but this was not always as often as they would like.

Meeting people's communication needs

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

- People were given information in a way they could understand. For example, where mental capacity assessments were required regarding influenza vaccinations, the information was provided to people in a pictorial format to support them to make an informed decision.
- Staff considered the communication needs of people with sensory impairments. For example, one staff member knelt down and spoke loudly and clearly to a person living with a hearing impairment to ensure they understood.

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

- People were supported to engage in activities of their choice. One person told us, "I think they are trying quite hard with improving the activities since we had a meeting. I enjoy keeping my mind active."
- People were encouraged to participate in group activities. We observed a large number of people playing bingo which most people seemed to enjoy.
- People were encouraged to make suggestions for activities and where possible, this was facilitated. For example, one person asked to visit the memorial arboretum so this was arranged and some people were supported by staff to go on this trip.

Improving care quality in response to complaints or concerns

- A complaints policy was in place which was followed. Where complaints had been made, they were investigated and a response was provided to the complainant. For example, when one relative complained about meals provided to a person, an investigation was undertaken with kitchen staff immediately and food charts were reviewed before a response was given to the relative.
- Complaints were analysed so any trends could be identified in order for appropriate action to be taken.

#### End of life care and support

- People's end of life wishes were discussed with them and documented where they had expressed a preference. This included where people had a 'do not attempt resuscitation' order in place and specific preferences such as photographs they would like displayed at their funeral.
- Where people did not wish to discuss their end of life wishes, this was clearly documented in their care plans.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, the provider had failed to ensure there were effective systems in place to monitor the service and mitigate risks to people. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective audit systems were in place to check the quality of the service.
- Daily audits had been implemented to check whether people were receiving support in line with their care plans. This included checks regarding whether people were being repositioned as regularly as they should and whether they were receiving personal care regularly and in their preferred way.
- Where concerns were identified, these were discussed with staff and addressed. For example, when an audit check had identified a staff member did not always record when they repositioned a person, this was discussed with the staff member and a letter of concern was issued.
- Call bell audits were undertaken and where they indicated call bells had not been responded to within an acceptable time, this was discussed with staff immediately and action was taken to address any concerns.
- The manager was aware of their statutory responsibilities. Statutory notifications had been submitted to CQC and the provider had complied with the requirements put in place following the last inspection. The last inspection rating was clearly visible on display at the home.
- There was not a registered manager in post at the time of inspection. However, the manager explained they had been in post less than two months and confirmed they intended to register with the CQC within the next two weeks following the inspection.

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

- The provider and manager had made positive steps in improving the culture of the home since the last inspection and this was reflected in some positive staff feedback that was given at inspection.
- However, further improvement was required as the positive culture change will take time to embed throughout the home. Staff were not always positive regarding changes that had been made and we saw

staff did not always follow procedures that the manager had put in place. One staff member told us, "Staff do not always do what they should when the manager isn't there."

- Staff told us the new manager had made improvements to the service since they had been in post. One staff member told us, "The manager is doing a good job, things have improved a lot."
- Staff found the new manager to be open and they were confident they would address any concerns. One staff member told us, "The manager is approachable. If I need anything, I don't have a problem with approaching them."

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 provider understood and acted on the duty of candour. When things went wrong, they were open and honest with people. For example, when a person's prescription for thickener for their drinks had changed and a relative made them a drink at the wrong consistency, the relative was spoken to and this was also addressed with staff in a team meeting.

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

- People were invited to residents' meetings where they were encouraged to make suggestions to improve the service. One person told us, "I do go to the resident's meetings and my requests are taken seriously."
- Relative meetings had taken place to enable relatives to provide feedback regarding the service.
- Staff told us they had supervisions and team meetings where they had the opportunity to input regarding the service.

Continuous learning and improving care

- The provider had learnt from the feedback given at the last inspection and positive changes had been made to improve the quality of care at the service. The manager told us this was an ongoing process and the provider understood it may take time to embed these changes fully.
- The manager was proactive and had communicated with the local authority and healthcare commissioners locally to aid their learning.
- The manager told us they had plans in place to develop the service regarding end of life care and medicine management. The manager told us "It is all about sustainability and empowering staff to do as many of the key jobs as possible."

Working in partnership with others

- The provider had developed positive relationships with community organisations such as the local church who held services at the home.
- The service worked proactively with healthcare professionals to meet people's needs.