

The Poplars (Thornaby) Limited

The Poplars Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: The Poplars Care Home is a care home which provides nursing and residential care for up to 43 people. Care is primarily provided for older people, some of whom are living with dementia. At the time of this inspection there were 34 people using the service.

People's experience of using this service: People and relatives were positive about the caring nature of staff. One person told us, "I am settled and really happy here."

There were enough staff employed and on duty at any one time to meet the needs of people. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

Accidents and incidents were recorded and analysed, and risk assessments were in place. The manager and staff understood their responsibilities about safeguarding. Arrangements were in place for the safe administration of medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. At the time of the inspection work was ongoing to strengthen their documentation relating to mental capacity to ensure that records evidenced how staff were following the principles of the Mental Capacity Act 2005.

People told us their privacy and dignity were respected and their independence encouraged. People were able to participate in a range of activities if they chose to do so.

The provider was open and approachable which enabled people to share their views and raise concerns. People told us if they were worried about anything they would be comfortable to talk with a member of staff or the provider.

The provider monitored quality, acted quickly when change was required, sought people's views and planned ongoing improvements.

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

Rating at last inspection: Good (report published September 2016).

Why we inspected: We inspected the service as part of our inspection schedule for 'Good' rated services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our Well-Led findings below.

Good ●

The Poplars 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of an inspector and an assistant inspector.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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 CQC. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed who was in the process of making an application to register with CQC.

Notice of inspection: This was an unannounced inspection.

What we did: Before we visited the service, we reviewed information we held about the service such as when the provider told us about serious injuries or events. We contacted commissioners to seek their feedback. We received no information of concern.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited the service on 21 February and 14 March 2019. During the inspection we spoke with 10 people who used the service and four relatives. We also spoke with the manager, deputy manager, head of quality and governance, regional manager, housekeeper, laundry assistant and three care staff.

We looked at a selection of records. This included four people's care records, medicine records and various

records related to recruitment, the building, and the management of the service. After the inspection we asked the manager for some more information which they shared with us.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely.

- Medicines were safely received, stored, administered and destroyed. On the first day of our inspection we did find minor recording shortfalls, but action had been taken to reduce the risk of this happening again when we returned for our second day of inspection.
- People were happy with how their medicines were managed. One person said, "I always get my tablets on time. The staff are good like that."
- Staff responsible for administering medicines were trained to manage medicines safely.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment.

- People told us they felt safe with the services provided. One person said, "I'm in very safe hands. No concerns what so ever."
- A relative told us, "[Person] is safe and that is peace of mind. It's only early days but [person] hasn't asked when [person] is going home."
- Staff were aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe. Staff had access to a whistle blowing policy which detailed how to report any concerns.
- The provider worked closely with other relevant authorities to make sure people were protected from abuse and avoidable harm.
- Good recruitment procedures were in place to ensure suitable staff were recruited and people were safe.
- There were enough employed staff to meet people's needs. People and relatives told us there were enough staff on duty at any one time. One person said, "I just ring my bell and they [staff] come straight away. Anything I ask for I get, and nothing is a trouble."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Risks to people's health, safety and wellbeing were managed and measures were put in place to reduce or prevent these risks.
- Risk assessments were in place for people and they described the actions to be taken to reduce the risk. Records were up to date.
- The management team monitored and analysed accidents and incidents enabling any safety concerns to be acted on and to identify lessons learnt.

Preventing and controlling infection.

- Safe infection control systems were in place to help protect people from the risks of infection and cross contamination.
- The provider had an infection control policy and procedures in place. Staff wore gloves and aprons when providing personal care to people to reduce the risk of cross contamination and the spread of infection.

Staff had received training in infection control.

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.

People's outcomes were consistently good, and feedback confirmed this.

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

- People's needs were assessed before they moved into the service to make sure staff could provide the care and support they needed. This assessment considered how people wanted to be supported and any needs in relation to culture, religion or ethnicity. One person told us, "[Deputy manager] came out to see me before I moved here and it definitely put me at ease."
- Care and support was reviewed on a regular basis.

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. One person told us, "The staff know everything about me and the help I need."
- Staff had completed an induction and training programme and shadowed more experienced staff to get to know people who used the service before supporting them. However, this induction was not always aligned with the Care Certificate induction. The Care Certificate induction outlines the minimum standards staff need to meet when working in adult social care. After the inspection those staff who did not have a recognised care qualification were registered to complete the Care Certificate.
- Training was refreshed on a regular basis. Staff had opportunity for supervision and appraisal. Staff told us they felt well supported. A staff member told us, "I feel really supported. [Deputy Manager] is brilliant and very approachable. The new manager seems nice, but I still need to get to know [them]."

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The manager and deputy manager were strengthening their documentation relating to the MCA to ensure that records evidenced how staff were following the principles of the MCA.

- People told us staff asked for their consent before carrying out personal care or tasks.
- Staff had an understanding of their duty to promote and uphold people's human rights. Some staff were more knowledgeable on MCA than others. We pointed this out to the management team who told us this would be addressed by the new manager.
- Management had submitted DoLS applications to the local authority for review and approval.

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

- People and relatives told us that the food at the service was good, but they sometimes felt the menu was predictable. Comments included, "It's a lot of liquids after tea time, we get a lot of soup at tea time and then Horlicks before bed", "The food is alright sometimes better than others" and "I really enjoy the food."
- Snacks were provided for people in-between meals. Higher calorie snacks were prepared for those people who were at risk of malnutrition. However, staff told us they would like to see an evening tea trolley for people where they could get high calorie snacks and drinks, we discussed this with management team who said they would look into offering this.
- Staff worked with other health professionals to make sure people received food and drinks according to their needs. Care plans were updated following assessments by a speech and language therapist to reflect any recommendations and minimise risks for people. Where needed people's food and drink intake was monitored to make sure they were taking in enough.

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

- The layout of the building provided adequate space for people with mobility needs.
- The building met the current needs of people supported. However, this could be improved for people living with a dementia. The walls in corridors were neutral in colour and handrails were white making it difficult for people living with a dementia to differentiate.
- The provider had an ongoing home improvement plan detailing refurbishment to be made to the service.
- The dining room has been refurbished to look like Paleschi's tea/ coffee ice-cream parlour which had been a meeting place in Thornaby for people who used the service, their family and friends. The activity co-ordinator told us Paleschi's played a big part in a lot of the people's lives who lived in Thornaby and brought about fond and very happy memories. The tea room was to be opened within a few weeks. People, relatives' staff and friends were to celebrate with a buffet tea with china cups and saucers to take people back to happy times in their lives.

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

- People were supported with their healthcare needs and to attend appointments when necessary. For example, dentists, opticians, chiropodists and GPs.
- The provider worked in partnership with other organisations to ensure they delivered joined-up care and support for people.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy at The Poplars Care Home. Comments included, "The staff are terrific" and "The staff are smashing and very kind. I couldn't ask for better." Relatives said they found staff were kind and caring.
- An equality and diversity policy was in place to ensure staff treated people with respect regardless of their sex, age, disability or beliefs. Equality and diversity training encouraged staff to promote a person-centred approach and ensure people's preferences, wishes and choices were respected.
- Staff knew the people well and treated them with respect. They took time to ensure people fully understood any questions asked and had time to think and respond.

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

- People were given choice and control in their day to day lives. On arrival at the service we saw a person leaving the building autonomously. They told us they made their own decisions and regularly went out into the community. They said, "I can walk into town any time I want."
- Staff knew people's communication needs very well. Information was clearly documented in people's care plans.
- People were invited to regular meetings to discuss the issues important to them.
- People were supported to access advocate services, who provide impartial support to people to make and communicate decisions. Two people were supported by an advocate at the time of our inspection.

Respecting and promoting people's privacy, dignity and independence.

- Staff maintained people's privacy and dignity and promoted their independence.
- People told us that staff were respectful whilst attending to their personal care needs. People told us they were supported to maintain their independence and retain their skills. Examples of this included staff encouraging and supporting people with their mobility and personal care.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People's needs were recognised, acted upon and recorded appropriately. Care plans showed people and their relatives were involved in planning their care and changes were made when needs or wishes changed.
- People's assessments and care plans were person-centred and contained details of people's choices and preferences. People's cultural and spiritual needs were considered as part of their initial assessment.
- Staff had a good understanding of people's lifestyle, preferences and needs
- Information was available in a variety of formats to meet people's individual needs. The service was complying with the requirements identified in the Accessible Information Standard.
- The provider employed an activity co-ordinator to support people to take part in activities and outings. The provider was looking at other opportunities such as appointing volunteers as the activity co-ordinator worked part time which limited the activities they could plan. People took part in a variety of activities such as crafts, dominoes, sing a longs and reminiscence. People shared memories when they were visited by a historian from the local area. Representatives from Thornaby library visited every few months to leave books for people to read. People enjoyed time in the bird watch area of the garden. Raised beds were being created to enable people to join in the planting of flowers and vegetables.

Improving care quality in response to complaints or concerns.

- People could share any concerns with staff who supported them. People knew how to make a complaint and told us they would be listened to by the management team.
- The provider had a compliant policy which had been shared with people and relatives. Complaints were acted upon in an open and transparent way. They used any complaints received as an opportunity to improve the service.
- The provider encouraged an open culture where people and their relatives felt able to raise issues.
- The service had also received many compliments about the work they did.

End of life care and support.

- The manager said staff had been trained on end of life care and were therefore able to support the person and their relatives when making advance decisions about end of life care and support. The support of other health care professionals was available to ensure people could remain at the service at the end of their life and receive appropriate care and treatment.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Although the manager was new in post there had been continued leadership from other senior management within the organisation. The deputy manager had stepped in and managed the service until the new manager took up post. One relative told us, "We made the decision to come here because of the stable management. Although there have been recent changes in management there has not been any deteriorations since [registered manager] left."
- The management team were skilled and experienced. They were aware of their regulatory responsibilities.
- Staff understood their roles and responsibilities and were very knowledgeable about people's needs.
- There were regular management meetings where service improvements were discussed and planned. People benefited from a management team who were committed to on-going improvements.
- Regular audits were carried out to monitor the quality of the service. The management team were aware of the need to strengthen their medicine audit so that it would identify the recording shortfalls we identified during the inspection.
- Staff meetings took place regularly and were also used share information and keep staff up to date.

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

- The management team demonstrated a commitment to deliver a safe and high-quality service.
- The provider submitted notifications of significant events such as incidents and accidents that had occurred in a timely manner.
- The management team was aware of the duty of candour, which sets out how providers should explain and apologise when things have gone wrong with people's care.
- People received personalised care. Staff were committed to providing care which was individual to the person and their needs.
- The provider had a good knowledge of the staff team and promoted their values through meetings, supervisions and formal staff appraisals.

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

- The management team spent time with people, relatives and staff at meetings or at reviews of care. This allowed them to gain people's views and involve people in any changes being made to the service.
- People could feed back on the quality of the service via surveys.

Working in partnership with others.

- The service had good links with the local community. Children and teachers from the local primary school visit regularly. Representatives from the local churches visit and hold a service or mass.
- The management team had developed and maintained good links with visiting health and social care professionals.