

Tamehaven Limited

Poplars Care Centre

Inspection report

158 Tonbridge Road
Maidstone
Kent
ME16 8SU

Tel: 08444725179
Website: www.foresthc.com

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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

Poplars Care Centre is a care home providing personal and nursing care to 56 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

Staff were kind and caring in their approach to people. However, staff were observed entering people's bedrooms without knocking first. People said staff protected their privacy and dignity whilst delivering personal care.

The complaints procedure was not in an accessible format and people did not consistently know how to make a complaint or raise a concern. However, this was rectified shortly after the inspection.

People's needs were assessed before they moved into the service to ensure the care team could meet their needs. People were supported to maintain their health with the nursing team working alongside external health professionals. Potential risks posed to people had been assessed and mitigated. People received the care and support they wanted and needed. Care plans and risk assessments had been reviewed and updated.

Staffing levels were based on people's needs. There were enough care staff and nurses to meet people's needs, call bells were answered promptly. Staff continued to be recruited safely.

People enjoyed the food and were offered a nutritionally balanced diet, with a variety of snacks and drinks. People's nutrition and hydration needs had been assessed and staff followed guidance to support people with their nutrition. Referrals were made promptly if people required additional support.

Medicines were stored and administered safely by registered nurses. Staff were trained to meet people's needs and registered nurses were supported to keep their registration with the Nursing and Midwifery Council (NMC). Nurses and care staff received continuous support and supervision from the management team.

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's, relatives and staff's feedback was sought and acted on. People were supported to access a range of activities within the service during the afternoon. The management team completed a range of audits to monitor and improve the quality of the service.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 6 March 2019) and there was a breach of regulation 12. 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 the provider was no longer in breach of regulation 12.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for 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 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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 three inspectors and a specialist advisor nurse.

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 did not have a manager registered with the Care Quality Commission, the previous registered manager left the service in December 2019. This means that the provider is 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. We sought feedback from the local authority and professionals who work with the service. 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 11 people who used the service and two relatives about their experience of the care provided. We spoke with 12 members of staff including the manager, deputy manager, clinical lead, four nurses, two care staff, the maintenance person, head of housekeeping and the activities coordinator. We spoke with a visiting Tissue Viability Nurse about their experience. 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 five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We also saw a variety of records relating to the management of the service, including a sample of audits, health and safety checks, accidents and policies and procedures.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure people received their medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

Using medicines safely

At our last inspection we recommended the provider sought guidance on ensuring all nursing staff had their knowledge updated in line with best practice. The provider had made improvements.

- Medicines were managed consistently and safely in line with national guidance. People's medicines were administered by registered nurses at the time prescribed by their GP. Nurses had been trained and completed annual assessments of their competency, in the administration of medicines.
- Medicines were stored securely with locked trolleys and a medicines room; systems were in place for ordering, storage and disposing of people's medicines. Medicines that required additional storage such as refrigerated medicines or controlled drugs were stored and managed safely.
- Medicine Administration Records (MAR) contained enough information such as photographs and allergies of each person to promote the safe administration of their medicines. MAR sheets were completed accurately. Stocks we checked tallied with the balances recorded. There were checks of medicines and audits to identify any concerns and address any shortfalls.
- Care plans included guidance and risk assessments to manage people's medicines safely. Information was available regarding individual medicines and the potential side effects. People's medicines were regularly reviewed with the relevant healthcare professionals. There was PRN specific instructions for staff about giving medicines people could take as and when they were needed; which ensured people had prescribed access to pain relief or laxatives, with suitable spaced doses.

Staffing and recruitment

- There were mixed views from people regarding the levels of staffing; some people said they felt there were enough staff and others said, staff were rushed and did not have time to spend with them. Observations showed that, staff were very busy, but had time to engage with people and speak with them. One member of staff said, "It can be very busy in a care home, and sometimes we are short of staff."
- We spoke with the management team about the concerns that were raised, and evidence showed, there were enough staff available to meet people's needs. Rotas showed a consistent number of care staff and nurses throughout the day and night. Staff were supported by ancillary and kitchen staff. The management

team used a dependency tool to determine the level of staff required to meet people's needs; this had been reviewed monthly.

- The manager told us the current contracted staff in post reflected if the service was full and, at times when a drinks trolley person was on holiday care staff were used to fill the gap. However, they planned to spend time observing care delivery to reflect on the concerns that had been raised.
- Staff were recruited safely, completing checks to minimise the risk of unsuitable staff working with people. Nurses Personal Identification Numbers (PIN) were checked to make sure they were registered with the Nursing and Midwifery Council (NMC) and regularly checked to make sure the PIN was kept in date.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff when using equipment such as, the mobile hoist. One person said, "They got me a full body hoist and they talk me through it as they do it. I feel comfortable with staff, I trust them."
- Nurses and care staff had an awareness and understanding of what they needed to do to make sure people were safe from harm and potential abuse. All staff had been trained in safeguarding and followed the provider's policy and procedure. Information about keeping people safe had been displayed around the service, for people, visitors and staff.
- A log was kept of any safeguarding incidents that had been raised; these included the date they were closed and any actions that needed to be completed. The manager had contacted the safeguarding team for advice since taking up their post.

Assessing risk, safety monitoring and management

- Individual risk assessments were in place to keep people safe and mitigate any potential risks. Nurses and care staff followed comprehensive guidance to keep people safe and reduce the potential risks. For example, risks relating to people's skin integrity, nutrition and hydration and medical conditions.
- Staff were knowledgeable about people's potential risks and the action they took to reduce these. For example, people that were cared for in bed used a pressure relieving mattress and were regularly repositioned to promote healthy skin and reduce the risk of developing a pressure sore.
- People were protected from environmental risks. Regular checks of the environment and equipment to ensure they were safe such as, the mobile hoists, window restrictors and fire fighting equipment were completed.
- People's safety in the event of an emergency such as a fire had been assessed. Each person had a personal emergency evacuation plan, this informed people such as staff and the emergency services how the person would act if they heard the fire alarm and the support they required to evacuate the building safely. The fire alarm system was regularly checked and serviced to ensure it was in good working order. Staff were aware of what to do in the event of an emergency.

Preventing and controlling infection

- The service was clean and smelt fresh. Housekeeping staff followed a schedule of cleaning to provide people with a clean and fresh environment. The head of housekeeping held responsibility for ordering cleaning products. Systems were in place to ensure people's laundry was given back to them once washed and ironed.
- Staff understood the importance of wearing personal protective equipment such as glove and aprons to reduce the risk of cross contamination and reduce the spread of infection. All staff had been trained and followed the provider's infection control policy and procedure.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored by the management team to identify any patterns

or trends. The analysis was used to prevent the risk of a reoccurrence such as, referrals to occupational therapists.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The decoration and signage enabled people to move around the service freely. Rooms such as the dining area and lounge had additional viewable windows to allow people to see what the room was being used for. This was important as some people were living with dementia.
- One corridor had uneven flooring with slopes that increased the risk of falls. The provider had analysed this over time and found no falls had occurred as a result to date. The management team responded immediately during the inspection to identify the areas with red and white tape to alert people to the slope. After the inspection they told us they were further levelling the floor.

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 ensure their needs could be met.
- Assessments used nationally recognised tools to monitor people's skin integrity and risks related to malnutrition; these were reviewed monthly.
- People's assessments included characteristics covered by the Equality Act (2010) such as religious and cultural needs, expressing sexuality and emotional support. People's care was based around their specific needs such as, religious services held within the service.

The management team responded immediately during and after the inspection. The identified care plans were reviewed and updated.

Staff support: induction, training, skills and experience

- Staff received the training and updates they required to fulfil their role and meet people's needs. Registered nurses renewed their registration with the Nursing and Midwifery Council (NMC) every three years and were supported in their reflective practice.
- Staff told us they felt supported and listened to in their role by the management team. This was through a variety of methods including supervisions, annual appraisals and team meetings.
- New staff completed an induction which included time to get to know people, orientation around the service and working alongside experienced members of the team.

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

- People said they enjoyed the food and observations at lunchtime showed lunch was a sociable event for the people who ate in the dining room. Comments included, "The food is good, I can't fault it" and, "If I didn't like what was on offer, they usually get me something else."
- People's nutrition and hydration needs had been assessed. The kitchen team ensured that any dietary

requirements were catered for, such as the need for pureed foods or a fortified diet. A variety of snacks and drinks were available to people in their bedrooms as well as regular tea trolleys.

- Staff monitored food and fluid intake for people who were at risk of not eating or drinking enough. People's weight was monitored and referrals were made to the relevant healthcare professionals if there were concerns a person had lost weight.

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 maintain good health and have access to healthcare services and received ongoing healthcare support. Nurses and care staff had a close working relationship with the local GP and local mental health services. People told us, staff had contacted the GP and emergency services for them when required.
- Care plans contained guidance for staff to ensure people's health needs were met. Referrals to health care professionals were made in a timely way, staff recorded and followed their advice and instructions.
- Records were kept of all health care appointments, the outcomes and any actions that needed to be implemented to promote people's health.

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.

- Since the manager had taken up post they had reviewed what DoLS were in place and it had been found that DoLS applications for some people who did not have capacity, but were subject to restrictions, such as coded door entry systems had not been submitted. The manager had acted to address this and a further five applications had been submitted in February 2020 and others were being completed as a priority.
- A log of all DoLS applications that had been submitted, when they had been authorised and when they required review was in place. One authorisation in place was subject to conditions and we found that these conditions were being met.
- Mental capacity assessments and best interest decisions had been completed for specific decisions. Records were kept if a person had legally appointed another individual to act on their behalf. Checks were made to ensure people had the correct legal authority to act on the person's behalf.
- Staff understood the MCA and DoLS and confirmed they had received adequate training. People were encouraged to make everyday decisions such as, what they wanted to wear or eat and where they wanted to spend their time.

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 Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People said the care staff and nurses were respectful and promoted their privacy and dignity. Comments included, "Very respectful with personal care, pull the curtains and talk me through what they are going to do" and, "Everybody is respectful, if you did want them they would be here."
- However, despite the positive feedback we observed staff entering people's bedrooms without knocking. One person told us staff do not knock on their door but they didn't mind this. Staff gave examples about how they protected and promoted people's privacy and dignity including, knocking on doors and waiting for a response before entering. We spoke with the management team about our observations and they were surprised and said, this was not the usual practice and had not been identified from their daily observations.
- People's independence was promoted and encouraged. For example, people were supported to maintain their independence to eat their meal at their own pace without being rushed in any way. Staff said they tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could.
- Relatives and visitors were made to feel welcome when they visited and there were no restrictions on the times people could visit. We observed people chatting to relatives in their bedrooms and having lunch with them in the dining room. A new 'coffee shop' area was being created for an additional area people could use to spend time with their loved one.
- Staff were aware of the need for confidentiality and held meetings or telephone conversations with relatives or health care professionals in private. Electronic information about people was password protected and kept confidential. Other information including, the recruitment of staff was kept in lockable cabinets.

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

- People said the staff were kind, caring and friendly. Comments included, "I am much happier here, everybody is so nice, they treat you as an individual", "Everybody is friendly, they are very good, they give me the support I need" and, "Doesn't matter what I ask them, say I want something, they will get it for me."
- A relative told us that the care their loved one received was "Marvellous" and they had been very impressed.
- Staffs' communication with people was observed to be warm and friendly, showing caring attitudes whether conversations were outwardly meaningful or not. Staff displayed kindness and understanding towards people and addressed them by their preferred names. One person said, "I love talking to the staff, but they are so busy, but they make time for me."

- Staff knew people well and were knowledgeable about their needs and interests. Care plans included information about people's past histories, likes and dislikes.

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

- People, some with the support of their relatives had been actively involved in the development of their care plan and ensuring they made decisions about their care and support. Staff supported people to make everyday choices about their lives.
- People had been able to attend regular meetings, these meetings ensured people were updated on any changes within the service and they could raise any concerns they had. The manager had recently introduced separate resident and family/friends' meetings and agreed future frequencies with those that attended.

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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 and their loved ones had been involved in the on going review of their care. Care plans and risk assessments had been reviewed and updated by the nurses and management team. People told us staff knew how to meet their needs in the way they wanted.
- Staff felt the service was responsive to people's changing needs and records showed care plans and risk assessments had been regularly reviewed and updated, if required.
- People were offered the opportunity to participate in planned activities during the afternoon. People told us they enjoyed the external singers, church service and exercise group. The manager told us that people's participation in activities had been identified as an area which was being improved with additional activities planned to be offered to people.

Improving care quality in response to complaints or concerns; 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.

- The provider had a complaints policy and procedure in place however, this was not in an accessible format for people living in the service. People told us they did not always know who to speak to if they had a complaint. Despite this feedback the provider was able to demonstrate that people had been provided with opportunities to raise any concerns or to make suggestions through resident meetings and review meetings.
- Following the inspection, the manager developed and accessible poster, informing people how to raise a concern or make a complaint. This had been displayed around the service.
- Records showed that complaints had been responded to and investigated in line with the provider's policy.

End of life care and support

- Care and nursing staff were passionate about providing quality end of life care for people. Staff had conversations with people and their relatives about end of life care plans and people who had chosen to, had written plans in place.
- Care and nursing staff worked alongside health care professionals to provide people with a comfortable, dignified death.

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 Requires Improvement. At this inspection this key question improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 registered manager had left the service at the end of December 2019. A new manager had been recruited and been in place since the beginning of January 2020. The new manager told us they had started the application process to register with the CQC. The new manager had previously been a registered manager of another service and understood their new role and the expectations.
- A statutory notification for this change had not been submitted to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as changes to management of the service. However, advice was sought at the time the previous manager left.
- The quality monitoring systems in place had already identified the shortfalls found during this inspection. The new manager had recognised some shortfalls within the service and had already developed an action plan and was in discussions with senior management about improvements. Action had already commenced in some areas, such as DoLS applications.
- Action had been taken to address the shortfalls that had been identified at the last inspection relating to the management of medicines. Senior management received information regularly so had an oversight of any risks or concerns within the service. The provider was reviewing auditing systems in place to ensure these were focused and robust in identifying any future shortfalls.
- Nurses and care staff understood their role and responsibility and who they were accountable to. Staff had been given a job description and person specification which outlined their role.

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

- The manager held a daily briefing with the head of departments to keep abreast of any issues, changes and action required within the service. The manager had held staff meetings to engage and involve staff in driving forward the quality of care people received.
- The new manager had developed an action plan of improvements they wanted to make to ensure people received quality care. This included changes to the environment, internal decoration work and increased activities for people.

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 responsibility in line with the duty of candour. The provider had procedures in place which would be followed if things went wrong; this was to make sure all parties were open and honest. For example, sharing information with the local authority.
- Accidents and incidents were documented and recorded. Serious incidents were escalated to other organisations, such as the Local Authority and CQC. Families were also informed and involved.

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

- People and relatives completed an annual survey providing feedback on the service they received. Resident and family/friends' meetings were held, the feedback from people and relatives was recorded and action taken to resolve any issues. This was then fed back to all who attended and those that could not.
- The manager had started to engage with staff during a daily walk round and held team meetings to encourage suggestions for improvements or to raise any concerns. This also included thanking staff for hard work and celebrating successes.

Working in partnership with others

- The staff team worked in partnership with relevant health care professionals to promote people's health and well-being. Referrals were made appropriately when people required additional support and staff followed advice and guidance from health care professionals as required. In addition, work to involve the local primary and secondary schools within the service had been activated.