

Innova Care Limited

# Poplars

## Inspection report

Clockhouse Way  
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Essex  
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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

Poplars is a residential care home providing personal care and accommodation for up to 6 people diagnosed with a learning disability and mental health conditions. At the time of the inspection there were two people using the service.

The service had not been fully developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. Further work was needed to ensure people's independence was promoted in daily living skills and explore opportunities to develop their community involvement. Further work was also needed to explore the use of communication aids and information technology to support people to express their views about how their care and treatment was delivered.

Accommodation is provided within a domestic, bungalow located in a residential area close to the town centre of Braintree. There were deliberately no identifying signs or anything else outside to indicate it was a care home.

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

The service did not have effective measures in place to ensure the environment people lived in was safe, their medicines managed safely, with incidents and accidents monitored with plans to reduce the risk of reoccurrence. Some risks to people's safety had not been identified or addressed.

The registered manager was committed to improving the service, but their focus had been on improving the environment without due care and attention to identifying and managing the potential risks to people's safety. They recognised further work needed to ensure quality and safety monitoring of the service was carried out and did not identify all the shortfalls we found during this inspection.

The registered manager was in the process of recruiting a manager to manage the service on a day to day basis with the skills and capacity needed to provide more effective oversight.

Further work was needed to ensure care plans were up to date and fully reflective of people's current needs. The registered manager was in the process of implementing a new system of care planning to address this shortfall.

People's capacity in relation to day to day decisions had been assessed. People were supported to have some choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Policies and systems in the service supported support this practice.

Staff had received a variety of training to fulfil the roles for which they were employed. There was a consistent use of agency staff. However, there was a lack of systems in place to reassure the registered manager that identification and criminal records checks had been completed by the supplying agency. There was also work needed to ensure agency staff had completed induction training to ensure they had the knowledge and skills to meet people's needs.

The service worked with other organisations and people were supported to access a range of healthcare services. People were assessed for their risks of malnutrition and dehydration. Staff referred people to their GP and dietitian where risks of losing weight had been identified.

People had not been involved in the planning of menus and their independence promoted in the preparation of food. We have made a recommendation that consideration be given to explore best practice guidance in the use of communication aids to enable people to be involved in the planning of what they eat and drink.

The registered manager had a system for recording and managing complaints but had not received any since the last inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 18 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. We found three breaches of The Health and Social Care Act 2008 during this inspection.

You can see what action we have asked the provider to take at the end of this full 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 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

## 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

This inspection was carried out by one Inspector.

#### Service and service type

Poplars 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

#### What we did before 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.

#### During the inspection

People had limited verbal communication skills and so were unable to tell us their views about the quality of the care they received, therefore we spent time observing interactions between people and staff. We spoke with one relative and six members of staff including the registered manager who was also the provider, support workers and agency staff.

We reviewed a range of records in relation to people's care and support. This included the two people's care and medication records. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records that were not available during our site visit. We also spoke with two health care professionals who responded to our request for information.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. 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

- Potential risks to people's safety had not been identified.
- Throughout the building there was major refurbishment works being carried out where people had access. Staff told us building works had on occasions impacted on people's freedom of movement and the noise created by machinery had caused people to become distressed.
- The registered manager told us risks to people in relation to the environment had been assessed. However, there were no records available to view as the registered manager said they were unable to locate these. Staff told us they were not aware of any environmental risks assessments available to provide them with the guidance they needed to keep people safe.
- Appropriate checks by external bodies for electric and gas had been carried out, but external contractor checks on fire safety systems were out of date.
- People's care plans identified trigger factors that may cause them to become distressed and display behaviours which placed themselves and others at risk of harm. Guidance for one person in response to incidents of distress did not promote a positive staff response in line with best practice guidance. Instead instructed staff to use a form of inappropriate restraint such as holding down the person's arms. Behavioural incident reports also indicated staff verbal responses to incidents were inappropriate. For example, staff recorded; "Told in a firm voice to stop".
- We discussed this with the registered manager who agreed with our findings. In response, the registered manager acted to review this person's care plan and appropriate guidance for staff based on good practice recommendations was provided. They also told us they had consulted with a behavioural support specialist to visit the service, to review care plans and provide guidance for staff.

The failure to assess the risks to people using the service and ensure guidance was available for staff with steps to reduce such risks demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments in relation to people's individual care and support had been completed to provide guidance for staff to protect people from potential harm. Risk assessments included mobilising safely, going out into the community, eating and drinking.
- The registered manager told us they had recognised the need for staff to be updated in current best practice and provided with training in 'positive behaviour support'. On the day of our visit all permanently employed staff were attending this training, provided by an accredited trainer which included safe, de-escalation techniques.

### Learning lessons when things go wrong

- There was a lack of systems in place to investigate and learn from incidents and accidents.
- Where staff had recorded falls in daily notes there was no incident reporting system to evidence follow up and management oversight. The registered manager told us they did not have a system in place to record accidents and incidents other than staff recording on daily notes.
- There was no management system in place to analyse incidents and accidents to look for any patterns or trends with actions to reduce the risk of reoccurrence.
- Where behavioural incident monitoring records required a management review this had not been carried out and no investigation with actions had been identified.

### Using medicines safely

- There were procedures in place to support the safe administration of medicines. Staff who administered people's medicines had completed appropriate training.
- We carried out a check of stock against medicines administration records. We found medicines used to treat anxiety, muscle spasms and seizures stored in the medicines storage cabinet but not accounted for on any medicine's management records. It was not clear if this medicine was still being prescribed or if it should have been returned to the supplying pharmacy.
- Medicines administration records did not contain photo ID. Given the number of agency staff working at the service, this presented a potential risk of administration error where people may receive another person's medicines.
- There were no management audits in use which would have identified the shortfalls we found. This posed a risk to people because the registered manager did not have any oversight and would not be able to pick up in a timely manner medicines errors.

The failure to ensure effective monitoring of accidents and incidents and monitor the management of medicines demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- The registered manager told us no permanent staff had been employed since the last inspection, but they were in the process of recruiting new staff. No new staff had started as all relevant checks had yet to be completed.
- There was regular use of agency staff. On the day of our visit, two agency staff were working at the service and managing the service as all permanent staff were attending a training day.
- One of the two agency staff told us they were familiar with people's needs as they had worked at the service on several occasions. The other agency worker said they had not read any care plans and risk assessments and had been reliant on staff to tell them what to do. The agency worker told us they were unaware of the behavioural management plans in place to support this person when presenting with distressed behaviours.
- Steps had not been taken to reduce the risk of unsuitable staff being employed. The registered manager did not have a system in place to ensure appropriate checks had been carried out on agency staff. For example, confirmation of identity including obtaining photo ID, criminal records checks, evidence of skills and competencies had not been obtained.

We found no evidence that people had been harmed however, recruitment systems were not robust enough to demonstrate staff had the qualifications, competence, skills and experience which was necessary for the work they were employed to perform. This placed people at risk of potential harm. This was a breach of regulation 19 (1) and schedule 3 (Fit and proper person employed) of the Health and Social Care Act 2008



(Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Permanently employed staff had received training and demonstrated a good understanding of what to do to make sure people were protected from the risk of abuse.
- The provider had up to date policies on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. There was information on the wall in the office for staff in how to report any issues, if they were concerned that a person was at risk of harm.

Preventing and controlling infection

- Staff completed training in infection control. Staff described how they made sure infection control was considered when supporting people with their specific care needs and used the relevant personal protective equipment such as gloves and aprons.
- Staff had received training in food hygiene to provide them with guidance in preparing meals and drinks for people safely.
- There was a system for infections control audits in the kitchen but there was a lack of audits in relation to other areas of the service such as bathrooms. We discussed this with the registered manager who told us they would ensure a review of health and safety audits to include these areas.

# 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 now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Pre-admission assessments were ongoing for one person in preparation for a potential move to the service. Transition meetings were taking place including observations of the person at home with their family. Advice was being sought from behavioural support teams to ensure care and support plans were in place to meet this person's needs and aid a smooth transition.

Staff support: induction, training, skills and experience

- Staff had received a variety of training relevant to their roles. This included updates in supporting people with epilepsy and the management of people's medicines where changes had occurred.
- There was a lack of systems in place to evidence agency staff had completed induction training to reassure the registered manager before working at the service they had the knowledge and skills to meet people's needs.
- Staff told us they had not received any formal supervision or regular staff team meetings in the last year since the new provider took over the service. However, they also told us they found the registered manager always available when needed, approachable and supportive.

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

- People were assessed for their risks of malnutrition and dehydration. Staff referred people to their GP and dietitian where risks of losing weight had been identified.
- People's food likes, and dislikes were recorded, however there was no evidence that staff took these into consideration when creating menus. People were not involved in the planning of menus due to their limited verbal communication skills.

We recommend consideration be given to explore best practice guidance and the use of communication aids to enable people to be involved in the planning of what they eat and drink.

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

- The provider had an environmental plan for improvement. Extensive work was being carried out to improve the service environment. People were being provided with improved communal space and en-suite facilities.
- The home had a discreet presence in a residential area.

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 to attend health appointments when they presented with health issues. However, further work was needed to ensure planning for annual health checks as well as regular, planned eye and oral health care checks. The registered manager told us they had recognised this as a shortfall and were in the process of updating health care plans.
- Staff liaised with appropriate health and social care services. For example, staff had recently consulted with speech and language, learning disability nurses and epilepsy specialists.
- Specialist guidance in relation to the management and support of people diagnosed with epilepsy had been transferred to care plans to provide staff with the guidance they needed to meet people's needs.

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.

- The registered manager had a detailed understanding of the MCA and understood their responsibility in terms of how this legislation was applied.
- Care plans contained clear information regarding people's capacity to make decisions about their care.
- Staff had received any training in understanding their roles and responsibilities in relation to the MCA.
- Where people's freedom of movement was restricted to protect them from the risk of harm, legal authorisation had been obtained. The DoLS authorisations obtained for both people using the service were out of date. The registered manager had contacted the local authority regarding this.

# 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 has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- There were no formal systems in place to enable people to express their views. This was something the registered manager told us they were planning on improving.
- People were supported to maintain and develop relationships with those important to them.
- A relative told us they were welcomed at any time and supported to enjoy family time with their loved one. They also told us how they were encouraged in the planning and review of their relative's care where the person in receipt of care was unable to express this to staff verbally.

Respecting and promoting people's privacy, dignity and independence

- We observed due to the extensive building work taking place items such as a large filing cabinet and a kitchen fridge had been stored in one person's bedroom. It was evident from discussions with staff and the registered manager consideration had not been given to consult with the person and consider any potential impact this may have had on the person where their personal space had been compromised. In response to our discussions with the registered manager they had the items removed immediately.
- Staff described how they supported people to have choice and control in their day to day lives. For example, what time they got up and retired to bed.

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

- People's care records provided information as to their needs, reflective of their personal histories and backgrounds. This included information to meet people's diverse and cultural needs.
- One relative told us, "Staff have always been observed to be kind and caring, without exception. They understand the needs of [person's relative] and treat them according to their individual likes and dislikes. They are respectful of [person's relative's] need to do their own thing. We have always found them to be sensitive to what is needed."

# 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 deteriorated to Requires Improvement. This meant people's needs were not always met.

### 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.

- Care plans contained information about people's limited verbal communication. Throughout the day of the visit we did not observe staff using any communication aids.
- There was a lack of planning with information to guide staff or attempts to explore other methods to enable people to communicate, such as using objects of reference, pictorial aids, pictures and Makaton signs. We discussed this with the registered manager who told us they had recognised this as need for further development.

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

- Staff demonstrated a good understanding of the individual personalities of the people they supported and were able to talk about people's preferred routines.
- Care plans had been written in 2017 and did not fully reflect the current needs of people. Information contained within care plans was cumbersome and made it difficult to follow up on action taken in response to people's needs.
- One person's care plan stated they were diabetic. When we questioned what planning was there in place to meet this person's needs, it became clear this person had not been diagnosed with this health condition and was a recording error. Immediately following our feedback, the registered manager informed us the person's care plan had been reviewed to remove the incorrect information.
- The registered manager told us they had recognised the need for care plans to be reviewed and to provide a more personalised systems to reflect people needs. They showed us a new care planning system which they were in the process of implementing.

### 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

- Staff were aware of what activities people enjoyed taking part in. This included for one person going out for walks, playing snooker and listening to their favourite band's music. Both people enjoyed going out for rides in the mini-bus.
- A relative described how the staff team had supported the family to enable one person to attend a concert to see their favourite band.
- Care plans documented family involvement and how staff supported those relationships.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place for people and was in an easy read format.
- The relative we spoke with told us they felt confident in raising concerns with management if there was a need to do so.
- No complaints had been received since the last inspection.

End of life care and support

- At the time of the inspection, there was no one receiving end of life care.
- Both people using the service were older adults. There was limited information to evidence people preferences and choices had been explored in relation to their end of life to ensure their cultural and spiritual needs would be met.

We recommend further work be carried out to assess people's needs and wishes in the event of sudden death or the need for palliative care support.

# Is the service well-led?

## Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes 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 registered manager was also the registered provider having taken over the running of the service in February 2019. They had not developed effective systems and processes to ensure they had effective oversight of the service.
- There was a lack of systems and processes to ensure risks to people had been fully assessed and planned for. There was no oversight of incidents and accidents and quality monitoring.
- The lack of quality assurance and management monitoring processes in place meant the registered manager had not identified all the shortfalls we found during this inspection. Immediately following our visit, the registered manager sent us a quality assurance management audit tool they planned to use to improve oversight of the service.
- The registered manager was working to change the culture of the service as it had recently changed from a nursing home. Training was being planned for staff to increase their knowledge of meeting the needs of people with a learning disability

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

- There was a structured plan to identify staff training needs and ensure their ongoing training.
- Further work was needed to ensure staff were provided with a system of planned supervision and annual appraisal. This would enable staff to have opportunities to discuss their work performance and development needs. A failure to provide regular, good quality staff supervision can have an impact on ensuring the service has a consistently good culture.
- Further work was needed to ensure systems in place to evidence agency staff employed had had completed induction training prior to their supporting people with their care and treatment needs.
- The registered manager told us that they were committed to improving the service, but their focus had been on improving the environment and the building works had consumed much of their time. They said they were in the process of recruiting a manager who would manage the service on a day to day basis with the skills and capacity needed to provide more effective oversight.

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

- Staff told us the registered manager was supportive and approachable. One staff member said, "The new manager is very nice, they are trying to improve things for the people who live here. We have had some training and he is trying to make it a nicer place to live in." Another told us, "I think the manager is caring about the people who live here. He is a nice person, but we are just not happy with all the building work going on and the way it has been managed. It has been too noisy, dusty and not easy for the people who live here to put up with. The changes will be worth it, but it could have been managed better."
- A relative told us, "The manager is making a difference. We as a family have been impressed and are very happy with the changes. [Person's relative] now has a nice room with their own bathroom."

Working in partnership with others; Continuous learning and improving care

- The registered manager was working in partnership with health and social care professionals to ensure the needs of people were being met in relation to their health and social care needs.
- One healthcare professional told us, "The manager is experienced with the right knowledge to meet the needs of people, but it has been a little chaotic at the home with all the building work going on. It looks as though they have taken their eye off the ball. The manager is new, and they have inherited a culture which has out of date practice as it used to be a nursing home. They [registered manager] approached us and we are working along with them to provide guidance and support to improve the lives of the people who live in the home."



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  There was a failure to assess the risks to the health and safety of service users.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered manager did not have effective systems in place to ensure the quality and safety of the service.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures for the use of agency staff had not been established and operated effectively.