

Innova Care Limited

Poplars

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Poplars is a residential care home providing the regulated activity of accommodation and personal care to up to 6 people. The service provides support to people with learning disabilities and mental health conditions. At the time of our inspection 6 people were using the service.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture.

Right Support:

The service was commissioned to meet the needs of people using the service. Care and support were provided in a safe, homely, well equipped, well-furnished environment which met people's physical and sensory needs. People living at the service had adapted their bedrooms to their likings and were supported to attend outdoor pursuits of their choice and their independence was promoted.

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.

Right Care:

There were sufficient numbers of staff to keep people safe. Staff received a wide range of training to ensure they had the skills and knowledge to support people safely. These included, epilepsy awareness, safe administration of medication, safeguarding, dysphasia, positive behaviour support and a 2 day autism training course. Staff promoted equality and diversity in their support for people. People's specific dietary needs were understood and being met. People told us staff respected their privacy and dignity when providing care and support. A complaints procedure was available and displayed to enable people to access it if they or their relatives had a need. We were told no complaints had been received at the time of our inspection. We observed people being treated with kindness, dignity, and respect.

Right Culture:

The support people received met their needs and aspirations. Support focused on quality of life and followed best practice. Staff involved people, their family and other professionals as appropriate to evaluate the quality of support given and obtain feedback to improve people's day to day quality of life. People living

at the home made choices and took part in meaningful activities and education which were part of their planned care and support. Staff supported them to achieve their aspirations and goals.

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 29 November 2019) and there were breaches of regulation. Regulation 12 (safe care and treatment), regulation 17 (good governance) and regulation 19 (fit and proper persons employed). 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.

Why we inspected

We undertook this comprehensive inspection to check the provider had followed their action plan and to confirm they now met legal requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Poplars on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about the management of when required (PRN) medicines.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Poplars is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Poplars is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post, however the provider had successfully recruited a new manager for the service, and they were due to start within the next 4 weeks.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 March 2023 and ended on 29 March 2023. We visited the location's service on 15 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 2 relatives about their experience of the care provided. Where people were unable to talk with us, we observed people's interactions with staff. We spoke with 5 members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a wide range of records in relation to people's care and support. This included 3 people's care and medication records, 3 staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection, the provider was in 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.

Assessing risk, safety monitoring and management

- People had risk assessments in place which met their care requirements. These also included risk assessments of their environment. We saw positive behaviour support plans in place for people as guidance for staff on how to de-escalate certain situations. These included identifying any triggers or early warning signs enabling staff members to support people safely.
- Each person had a personal emergency evacuation plan (PEEP) in place. This is used to document how people can be evacuated safely when they may have difficulty responding to a fire alarm or exiting a building unaided in the event of an emergency.
- Staff had received appropriate training to enable them to use equipment confidently. One staff member told us, "I assist some people with their mobility and transfers, I use specialised equipment which I have been trained to use."

At our last inspection, the provider was in 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.

Using medicines safely

- We found where people were prescribed medicines when required (PRN), they did not always have a PRN protocol in place. This gives guidance to staff to encourage the appropriate use of when to offer and administer PRN medicines.
- We were assured staff knew people well. We found information relating to people's PRN medicines had been documented in their health action plan folders. This reduced the risk to people to ensure safe and appropriate use of PRN medicines was being followed.
- Medicine checks were carried out daily and a monthly audit of medicines undertaken. However, the monthly audit does not prompt for checks of people's PRN medicines or protocols.
- Staff had received training in safe medicine management and were assessed as competent before administering medicines and knew how to report errors.
- We carried out checks of boxed medicines held in the medicine cupboard in the main office and the amount in the boxes reconciled with the total amount recorded on the Medication Administration Records (MAR).

We recommend the provider review people's current prescribed when required PRN medicines and take action to update their practice accordingly.

At our last inspection, the provider was in 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. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

Staffing and recruitment

- Staff were recruited safely and in line with current guidance.
- Staff were subject to Disclosure and Barring checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We found there were enough staff to support people safely and the provider told us agency use was low. We saw where agency staff were used, the provider had received their profiles and undertaken an induction. The provider told us they try to request the same agency staff for continuity of care for people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Systems and processes in place supported this.
- Staff had undertaken safeguarding training and knew how to identify and report any concerns. One staff member told us, "If I have any concern of abuse, I will escalate this to the manager and if nothing is done about it, I will escalate to CQC."
- People told us they felt safe, one person told us, "I feel safe here, I have my own safe space, when I need to be on my own, I go into my room and play my music loud."

Preventing and controlling infection

- Staff had completed infection control training and were able to describe the relevant personal protective equipment used when providing support to people with their specific care needs. One staff member told us, "We have infection control protocol all over the service and we have adequate PPE for protection."
- Staff had received training in food hygiene to ensure they were able to prepare people's food and drink safely and the laundry facilities were clean. People had their own laundry baskets which were clearly labelled to minimise risk of any cross contamination.
- The provider had systems in place for monitoring their infection control practices and we could see the provider had identified areas within the service which required attention, for example, redecoration of the communal bathroom where we found peeling paint on the ceiling due to excessive moisture created due to the extractor fan not working. After the inspection, the provider sent evidence works had been carried out and completed.

Visiting in care homes

- The provider told us there were no restrictions to visitors at the time of the inspection. A relative told us, "There are absolutely no restrictions on visiting, I can and do visit at any time and I am always made to feel welcome."

Learning lessons when things go wrong

- The provider reviewed all accidents, incidents, safeguarding's, and any lessons learned was shared with staff in their meetings so improvements to the service and outcomes for people could be made.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Peoples needs were assessed prior to commencing with the service. The nominated individual told us, "When we are contacted by the local authority we receive an individual support plan for the person, we look through this and look at compatibility. If we feel we are able to meet the needs of the person, we complete our own assessment face to face. The person and their family are fully involved. We also consult with other professionals who may already be providing support to the person such as specialist mental health teams and behavioural support teams. We include staff, share information and the person and their family are invited to view the service."
- A relative told us, "Due to person transitioning during Covid-19, the assessment process was carried out by [name's] social worker with us both present. However further assessments of [name's] care have been undertaken at the care home during [names] time there."

Staff support: induction, training, skills, and experience

- Staff received training relevant to their role. This included an induction and shadowing of more experienced staff until they felt confident. One member of staff told us, "The recruitment process was smooth and seamless. I submitted my application, attended an interview, and started the onboarding process which was seamless. I was then placed on training and shadowing for 2 weeks."
- Staff received regular supervision and told us they felt valued and supported. One member of staff told us, "We do have regular staff supervision, meetings and appraisals which are very supportive and motivating." Another staff member told us, "I find supervisions are important because we talk about performance and other important things like completing records."

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

- We saw people had been involved in the planning of the weekly menus. This had been placed on the front of the fridge in the kitchen and showed peoples meal choices being incorporated into the menu planner.
- We saw where a person was on a soft diet their eating and drinking care plan contained detailed information, input from the speech and language therapists and where staff had signed to say they have read and understood the information. This had recently been reviewed.
- One member of staff told us, "We get information about people's nutrition through their care plan, health notes and asking them."

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

- The service worked effectively with other professionals. For example, when people's needs changed, they made referrals to health and social care professionals to ensure people received the support they needed.
- People had health folders in place as well as their care plans. This detailed what was needed to promote the person's good physical and mental health, their current medicines, communication details, up and coming health appointments and a plan of action. For 1 person we saw they had a recent GP visit and actions taken and follow up advice provided.

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

- The service is tucked away in a residential area, on entering it felt relaxed and we could see people moving around freely in their home. People had been able to have input into the décor of their rooms and had their own personal entertainment equipment, televisions, and gaming consoles in their bedrooms. They also had a large comfortable communal lounge and dining area to socialise in.
- Some bedrooms had wet room facilities and the communal bathroom was in the process of being redecorated, this has since been completed.
- The nominated individual told us, "I want to be able to develop a more sensory area outside. To encourage people who would like to participate in hands on activities such as woodwork to create something to give to families. I want to build a workshop, with sensory lights, create a gardening area for the people to use their creative skills."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We saw documented evidence where people and relatives were consulted and asked for their or their family members consent before providing care and support.
- We saw where mental capacity assessments had been carried out for people these had been completed for each specific decision needing to be made. For example, a person managing their own finances, personal care, and behaviours. In these instances, we saw people's next of kin were involved in the decision making process.
- Where people lacked capacity, a DoLS application had been made to the relevant authority.
- Staff completed MCA training and encouraged and supported people to make their own decisions. A staff member told us, "It's about people being able to live their best lives and sometimes having to make decisions for people in their best interests."

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed positive staff interaction, staff spoke with people in a calm, friendly and kind way. People looked relaxed in their own home environment. One person told us, "I love it here, I'm happy to go out on day trips but also pleased to come back here."
- Staff supported people's independence and encouraged people to consider and decide what they would like to do. A member of staff told us, "I want to make a difference to their lives and make them laugh. I like taking them out and spending time with them. I enjoy having a laugh with them and just seeing them happy makes me happy."
- Staff knew people well and understood how they liked to spend their time. People were given options, but some enjoyed the same routines. People had access to the local shops and retail park, bowling, outdoor activity centres, pub lunches and Mencap. One person told us, "I go to college to study. I have met new friends." Another person told us how they enjoy going to the gym twice a week to help keep them fit.

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

- People's independence was promoted, people were supported to express their views, and be involved in decisions day to day. People were supported by staff to develop and maintain relationships with those important to them.
- We saw how people's preferred names/nicknames were recorded in their care plans and people had a keyworker, a member of staff designated to the person. People's keyworkers held monthly meetings called 'My Voice' to enable people to discuss anything they wanted to such as their feelings, activities, and meal planning.

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

- We saw where people had their bedroom doors closed throughout the day, staff members always knocked and waited for a response before entering.
- Staff spoke passionately about their roles and were committed to supporting people to live full and active lives. One member of staff told us, "We encourage people to participate in daily activities around their home such as helping with the dinner preparation, sweeping the garden, cleaning their room's, and taking the bin out. This supports people to be as independent as possible."
- The service worked with people and external agencies to set goals for people to achieve positive outcomes. These included being able to take independent time and incorporate this into a daily routine. For example, independent walks twice a day with agreed times in place was working really well and 1 person was eager to share this with us.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were person centred and reflective of their needs. They considered all aspects of people's care, including preferred name, health, mobility, personal care and nutrition and hydration.
- People and their relatives were involved in the development of their care plans. People and relatives were encouraged to provide information and feedback so this could be used to update care plans.
- The nominated individual told us, "When staff members hold the 'My Voice' meetings every month, we also use any feedback we receive to update people's care plans rather than taking the actual care plan to the person. We feel this is the best way to capture information from people rather than overwhelming a person with paperwork."

Meeting people's communication needs

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

- The service identified people's information and communication needs by assessing them. Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication when people were trying to tell them something.
- Staff ensured people had access to information in formats they could understand. For example, their care plans, complaints procedure and planners included written and pictorial images to help explain the meaning of the information included.

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 engaged in various activities throughout the day, either independently or with members of staff. People went out for walks during the day, attended appointments. People had access to their own electronic devices to remain in contact with others. We saw people socialising in the communal lounge as well as going off to their own rooms to play games or listen to music when they wanted to.
- People were supported to follow their religious beliefs where required. Staff supported one person to read from their easy read bible and to pray. The nominated individual told us, "We ensure all equalities are bought together. We have no boundaries in who we recruit or admit to the service regardless of race religion. There is no discrimination."

Improving care quality in response to complaints or concerns

- The nominated individual had a system in place to record and respond to complaints, to ensure action would be taken to address people's or relative's concerns in line with their complaints procedures.
 - The nominated individual told us the service had not received any complaints since the last inspection.
 - People using the service had access to the complaint's procedure in an easy read pictorial format.
- Comments from relatives included, "The [nominated individual] is always there if I had a problem. I believe if I had any concerns, I could raise them, and the [nominated individual] would sort them out." And "My mind is at rest, if I ever needed to raise anything, I have the [nominated individuals] number and could call them anytime."

End of life care and support

- At the time of the inspection, there was no one receiving end of life care.
- The provider had introduced end of life pictorial care plans. However, we found these were not completed for all of the people using the service. The nominated individual told us, "Some families do not wish to have this conversation, in the event of a person's health deteriorating I would liaise with the appropriate external professionals and families to ensure the appropriate support is provided."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has changed 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; 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 nominated individual told us they had managed to successfully recruit a new manager for the service due to the recent resignation of the previous registered manager. In the meantime, the nominated individual told us they were overseeing the day to day running of the service and staff and relatives were able to contact them at any time.
- Staff understood their roles and responsibilities and staff told us they enjoyed working at Poplars.
- Staff were complimentary about the nominated individual and told us they felt supported. Comments included, "They are good, they always carry us along, always chat with us. Any problems they talk to us both individually and together as a team." "[Name] is incredibly supportive and is always available. [Name] manages us well and I have not got any concerns." And "Our manager is visible, available, and approachable, I have confidence that they will deal with anything professionally."
- Staff told us they were kept updated of any changes through staff meetings, handovers, and supervisions. Staff members told us, "Our staff meeting is held monthly, and we always have opportunities to express our concerns and contribute our ideas." And "We have monthly meetings where we discuss everything, the residents, staff, activities. I feel like the manager [nominated individual] includes us in everything. Our last staff meeting was last week."
- A relatives told us, "We were informed the previous registered manager was leaving, the [nominated individual] we can speak to at any time, I just feel lucky and privileged they are taking care of [name]."
- The nominated individual understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

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

- There was a positive culture at the service. The home felt relaxed and had a calm atmosphere. We saw people and staff had good relationships whilst interacting with one another.
- Staff we spoke to understood the importance of providing good quality care to people. One staff member said, "The best thing about working here is the conducive atmosphere and working as a team. Also working with the lovely and amazing people we provide care and support to."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People, relative's, staff, and professionals were asked to provide feedback on their views of the service by way of satisfaction surveys. Overall, the response was positive. We saw where 1 person using the service was unsure of how to raise a complaint the previous registered manager followed this up with the persons keyworker to go through the easy read complaint's procedure with them to ensure they understood the process.
- The provider had an ongoing service improvement plan for improving systems and processes to improve the quality of the service for people.
- The service worked in partnership with external professionals such as the local authority, the Mental Health enhanced team, Occupational therapists, Speech and Language therapists, district nurses and GP's. This was to ensure people received the right care, treatment, and support individual to them.
- The nominated individual was passionate about improving links with the local community. They wanted to work with the local colleges and businesses who may be able to support vulnerable people in the community with voluntary work to promote their independence and enhance their skills further.