

# Autism East Midlands

# The Poplars

## Inspection report

1 The Poplars  
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Date of inspection visit:  
09 February 2022

Date of publication:  
09 March 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

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

The Poplars is a residential care home providing personal care to up to six people with learning disabilities and autistic spectrum disorder or associated physical needs. The home is a bungalow, with five bedrooms in the main building, a communal lounge, conservatory, dining space and kitchen. The sixth bedroom is in an attached annex, which has its own separate living space, kitchen area and bathroom. People have access to a pleasant accessible outdoor space. At the time of inspection six people were using the service.

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

#### Right Support

The service supported people to have the maximum possible choice, control and independence. People had control over their own lives. People were supported to make choices about their living environment, such as the decor and were able to personalise their rooms. We saw everyone at the service was involved in decisions about the home. For example, a meeting was held about getting a new sofa for the living space and people were supported to go shopping to choose the sofa they liked.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Relatives felt the home was safe and homely which was important to them and the people at the service.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Reasonable adjustments were made for people so they could be fully in discussions about how they received support, including support to travel wherever they needed to go. This included providing information to people in a format they could understand, such as easy read.

Staff enabled people to access specialist health and social care support in the community. The provider also had an in house multi-disciplinary team (MDT) which worked closely with the home to provide prompt clinical support when required.

Staff supported people to play an active role in maintaining their own health and wellbeing. We saw conversations were had with people about their medical needs and what worked well for them, what didn't work for them and what they would like to happen next.

#### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity.

They understood and responded to their individual needs.

We observed people who had individual ways of communicating, using body language, sounds, pictures and symbols interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them. When people were finding communication difficult, we observed staff to revisit conversations with people when they were more comfortable.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

Staff placed people's wishes, needs and rights at the heart of everything they did.

People and those important to them, were involved in planning their care. Relatives were positive about the communication from the staff and felt their views were listened and acted upon.

People's quality of life was enhanced by the service's culture of improvement and inclusivity.

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 and update

The last rating for this service was requires improvement (published 26 June 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

As part of CQC's response to care homes with outbreaks of COVID-19, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice is safe and that services are compliant with IPC measures. We undertook a targeted inspection looking at the IPC practices the provider has in place. We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

We widened the scope of this inspection to a focused inspection to check they had followed their action plan following breaches found at our last inspection of this service on 21 May 2019 and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Poplars on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our responsive findings below.

**Good** ●

# The 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.

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

This inspection was carried out by one inspector.

#### Service and service type

The Poplars 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 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. The registered manager had recently taken a new role within the organisation; therefore, a new manager had been appointed and was in the process of registering with CQC. Both the registered manager and newly appointed manager were present during the inspection.

#### Notice of inspection

This inspection was unannounced.

#### 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. 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 communicated with three people who used the service and two relatives about their experience of the care provided. Some people who used the service were unable to talk with us but used different ways of communicating including using sounds, tapping and body language.

We spoke with seven members of staff including senior leaders, senior autism practitioners and autism practitioners.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked with other agencies to do so.
- There had been no recent safeguarding incidents at the service, however staff had received safeguarding training and were able to demonstrate understanding of how to recognise and report types of abuse. Staff were aware of and understood how to follow the provider's safeguarding policy.
- People told us they felt safe and their relatives told us people were safe. One relative told us "I've no concerns about [relative's] safety, I don't have any worries at all."
- Safeguarding information was available around the service and available to people in a variety of formats, including a symbol-based language used predominantly for people with learning disabilities and autistic people. This meant people were supported to understand how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- At our last inspection we found the provider had not ensured that all staff had taken part in a fire evacuation or that night-time fire conditions had been considered. At this inspection we found the provider completed the necessary checks to ensure fire safety at the service.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. The service also considered and demonstrated some positive risk taking in order to manage risks in order to maximise people's choice and control over their lives.
- The provider confirmed they had not needed to use physical interventions to protect people from harm. We saw staff had received training on strategies to reduce restrictive practices.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. For example, staff took time to speak to people and their relatives to understand and reduce causes of behaviour that distressed them or placed them at risk of harm. This information was then used to create individual personal behaviour support plans for people.
- People's care records helped them get the support they needed. Staff told us people's care records provided them with enough guidance on how to meet people's needs. When discussing how to manage people's individual risks, staff feedback was in line with what was written in people's care plans.
- The service helped keep people safe through formal and informal sharing of information about risks. The provider had an in-house multidisciplinary team (MDT) made up of clinical professionals such as speech and language therapists and psychology. We saw these meetings were regularly held to discuss current risks and strategies to ensure people's safety. Our observations and records demonstrated advice was followed.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. One person told us staff supported them to attend Boccia, a target ball game for people with disabilities, and we observed staff supporting another person to attend a health appointment during the inspection.
- The numbers and skills of staff matched the needs of people using the service. Observations of staff provided assurance of their knowledge and skills supporting people at the home.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to consider people's individual needs, wishes and goals. Relatives were positive about the staff at the home, one said "[staff] know [person] well, the staff are wonderful, and I know [person] trusts them."
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

#### Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People received supported from staff to make their own decisions about medicines wherever possible.
- People could take their medicines in private when appropriate and safe. Medicine support was assessed, and some people had their medicines cabinet in secure cabinets in their rooms which is where they would be supported to take their medicines.
- The provider ensured people received information about medicines in a way they could understand.
- Medicines were reviewed regularly to monitor the effects on their health and wellbeing and when required, advice was sought from the GP. This included the use of homely remedies.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

#### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. Relatives told us they were kept updated when people were involved in incidents and were satisfied with how the provider dealt

with incidents.

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. For example, following an increase in incidents for one person, the service implemented a 'keeping me safe plan' and a social story for the person. This reflected on the incidents, explored why they may have increased and strategies to prevent them happening again.
- There were effective systems in place for the provider to share learning from other homes. There were regular provider meetings held which discussed recent incidents and lessons learned throughout all services. This meant there were opportunities to reduce the likelihood of similar incidents occurring at the service.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. People had 'personalised support plans' in their files, which were documents written by the person themselves, describing what was important to them in terms of their care and support. Support plans were regularly monitored and adapted as a person went through their life.
- Staff offered choices tailored to individual people using a communication method appropriate to that person. For example, we saw in one person's care file a vision board for the re-decoration of their room where they had chosen the colours and furnishings they liked. We later spoke with the person who showed us their bedroom and told us they had chosen the colours as it was their mother's favourite colour.
- Staff spoke knowledgably about tailoring the level of support to individual's needs. Relatives felt staff knew people well. One relative told us "Staff know [relative] well, whenever we speak, she's not verbal, but you can tell how she is that she is very happy and contented, they know what she likes and they're really good"
- The service met the needs of people using the service, including those with needs related to protected characteristics.

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 ensured people had access to information in formats they could understand, such as easy read. We saw visual structures such as photographs of staff on duty helped people to understand who would be supporting them that day.
- People had individual communication plans and communication passports that detailed effective and preferred methods of communication, including the approach to use for different situations. During the inspection we observed staff practice to reflect what was written in these plans.
- Staff had good awareness, skills and understanding of individual communication needs. For example, we observed the manager to demonstrate understanding of one person's vocalisations due to a change in their tone.
- The service worked with a speech and language therapist employed by the provider. They provided clinical input and advice to staff on supporting people's communication needs.

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

- People were supported to participate in their chosen social and leisure interests on a regular basis. One person told us about their hobbies and plans to attend a day centre the following week. We also observed people to take part in activities during the inspection.
- People whose relatives were living away from their local area were supported to stay in regular contact with friends and family. One person using the service was supported to email a relative who lived abroad. One relative told us as their relative is non-verbal, the home had supported them to have regular video calls.
- Staff ensured adjustments were made so that people could participate in activities they wanted to. During the COVID-19 pandemic and restrictions in place, people were unable to go to the local supermarket as they previously had. The service set up a tuck shop in the garden so people could still have the shopping experience they enjoyed.
- Staff helped people to have freedom of choice and control over what they did. For example, when people chose to do baking as an activity, they were then asked what they would like to bake. One staff member said, "I'd like to just say the service users are very well looked after, they have choice in everything, and the staff genuinely just care [about them]."
- The service enabled people to broaden their horizons and develop new interests and friends. The service had built relationships with the local area and we saw people were invited to events in the community, for example a music festival at the village hall.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which was also in easy-read format. Whilst the service had only received one minor external complaint, people, and those important to them, felt they could raise concerns and complaints easily and staff would support them to do so.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. There were regular service user voice meetings which provided opportunities to speak with staff and the registered manager.

End of life care and support

- At the time of inspection, there was no-one living at the service who was considered to be approaching the end of their lives. However, end of life care was discussed with people and their relatives and person-centred end of life plans were implemented and reviewed regularly, or as needs changed.
- Staff also supported people who had experienced loss. For example, following the death of a relative the service created an easy read guide to support a person on different ways they could remember their loved one, such as lighting a candle, looking at photographs or talking to staff about them.

# 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 has now 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

At our last inspection the provider had failed to ensure systems and processes for assessing, monitoring and improving the quality and safety of the services provided for carrying on the regulated activities operated effectively. This was a breach of regulation 17 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.

- Governance processes were effective and embedded into practice. They helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The provider monitored quality through monitoring visits and regular communication with the home. Management and staff carried out a variety of audits which included health and safety, medication, staff performance and reviews of people's records. It was evident from records reviewed actions identified from audits were being managed effectively.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. The provider recognised this and ensured they remained available to support the newly appointed manager and the service.
- Staff delivered good quality support consistently. People told us that the staff knew them well. One member of staff told us "[People] we support have the best care plan in place, we support with maintaining their dignity as well, supporting them with doctors' appointments and things like that, everything that you would expect as an individual, we provide the best care."

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

- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people had to say. This was evident when senior leaders within the organisation arrived during the inspection and people knew them by name and greeted them warmly.

- Managers worked directly with people and led by example. We observed managers to be skilful, relaxed and have a good understanding of the people using the service. People and relatives spoke highly of the registered manager. One relative said "[registered manager] is very dynamic, she got everything moving and got everything done very well."
- Management and staff put people's needs and wishes at the heart of everything they did. When discussing the people at the service, one member of staff said, "They are a fantastic group of individuals and I am so lucky to be here." Another said, "I love that all the service users are treated as individuals."
- The provider valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. There was a commitment to continually improving the service. Following our last inspection, the provider had worked to make the necessary improvements and ensure these changes were embedded.
- The provider implemented a working service development plan which regularly reviewed all elements of the service and how it could improve. This demonstrated ambition and a desire for people to achieve the best outcomes possible.

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 service apologised to people, and those important to them, when things went wrong.
- There was a duty of candour policy in place and managers demonstrated an understanding of how this applied in their role.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. We saw records of regular 'service user voice' meetings which discussed matters of the home that were important to people, including records of actions taken following the meetings. Relatives told us the provider had requested their feedback on how they could improve the home.
- Staff had opportunities to feedback through regular supervisions or team meetings. Staff told us they could raise issues with management and believed they would be listened to. Records showed feedback was welcomed, for example in one team meeting senior staff had suggested changes to shift patterns to ensure consistent leadership, the manager thanked them for their suggestion and took this to senior leaders for approval.
- The service worked in partnership with health and social care organisations to support people using the service to have a voice and improve their wellbeing. People's care files showed regular communication with professionals and observations showed advice was followed by staff. The registered manager had also contacted the GP surgery to create online portals for people using the service, to further improve communication.