

# Aspire Healthcare Limited

# Poplar Lodge

## Inspection report

Poplar Lodge  
Wards End  
Tow Law  
Bishop Auckland  
County Durham  
DL13 4JS  
Tel: 01388 730451  
Website: [www.example.com](http://www.example.com)

Date of inspection visit: 1 & 2 December 2014  
Date of publication: 17/04/2015

### 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 

### Overall summary

Poplar Lodge provides care and accommodation for up to nine people. The home specialises in the care of people who have a forensic learning disability and supported men with a range of criminal offences. Some people who used the service were detained under the Mental Health Act 1983. On the day of our inspection there were nine people using the service.

The home did not have a registered manager in place as the registered manager had recently left the service. A

registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new acting manager was in post and was in the process of registering with CQC at the time of our inspection.

# Summary of findings

The provider had policies and procedures in place for recognising and reporting abuse. We spoke with two members of staff about keeping people safe. Staff we spoke with were able to describe to us the different types of abuse and how to report any suspicions they may have.

We looked at the care plans of four people who used the service and found where a risk had been identified an appropriate risk assessment was carried out and included in the care plan. Risk assessments identified the potential risk, the likelihood of it happening and action to be taken in order to best mitigate the risk.

An 'Infection Control Inspection' inspection carried out by the Clinical Commissioning Group Infection Control Team in April 2014 revealed some areas that needed improvement in the home. We saw that some of the work had been carried out but there were still some areas that needed further work. For example we saw there was a supply of liquid soap and paper towels in bathrooms, seating had been replaced and the bathrooms had been decorated with new showers and shower curtains, however, there was still work required to replace bathroom flooring and the shower enclosure. We were told by the acting manager the remaining work was expected to be completed by the end of February. In addition to this a cleaning rota had been put in place and infection control training has been booked for all staff to ensure they are up to date with the most recent legislation.

We saw robust recruitment and selection processes were in place. We looked at the files of three staff, the most recent member of staff employed, and two others who had worked in the home for several years. We found appropriate checks were undertaken before people started work. Staff files included evidence that pre-employment checks had been made including written references, Disclosure and Barring Service (DBS) checks, and evidence of their identity had also been obtained.

The home had an appropriate medication policy in place. We saw staff who dispensed medication had received training in the management and storage of medicines. We looked at the medication administration records (MAR) and found they were completed clearly and correctly.

Staff files contained evidence of regular supervisions and appraisals taking place. We saw where supervisions had taken place a detailed record was kept in staff files. We saw staff appraisals were carried out annually and a record was kept in personnel files

People who used the service had access to healthcare services like GPs, opticians, and podiatrists. In addition people received ongoing support from social workers and where appropriate, forensic mental health teams.

Everyone who lived at Poplar Lodge received care and support that was personalised to their individual needs. Care plans were in place for all the people who used the service.

Areas of risk were identified based on the persons individual needs and detailed risk assessments were formulated which were used to minimise potential risks. Risk assessments were regularly reviewed to ensure they were relevant and that there had been no changes.

Some of the medicines people were taking required regular tests be carried out to ensure that there were no adverse effects on people's health. We saw reviews and tests were completed with the results logged in care files. Changes to medicines were made accordingly when necessary meaning people's care was adapted to take account of their changing needs.

We saw the provider had a formal complaints procedure in place. We saw there was a record of complaints that had been made and evidence of investigations which had been carried out as part of the complaints procedure. People we spoke with were aware of the complaints procedure but they did not wish to make a complaint. We were told "I tell the staff if there's anything wrong".

We looked at the care records of four people who used the service. We saw care plans were comprehensive and person centred with a detailed pen picture included. All care plans included a full description of the individual, information relating to physical difficulties, addictions, medications and hospital admissions as well as preferred daily routine and social history.

We saw a notice board in the home providing people who used the service with information. This included access to support services and how to make complaints. We saw some of the people in the home had accessed advocacy services and advocates were in place.

# Summary of findings

We found there was a culture of positive reinforcement and reassurance with support being given by staff that were trained to deal with behaviour that challenged the service.

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care.

After audits had been carried out we saw the acting manager used them to identify areas of concern and to put an action plan in place allowing for improvements to be completed. This meant the provider was working toward continuously improving the service.

# Summary of findings

## 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.

The provider had been told to carry out improvements to the infection control of the home and although this work had not been fully completed there was a maintenance programme in place.

There was enough staff to support people inside and outside the home. Staff we spoke with had a good understanding of how to recognise and report any concerns of abuse.

There were robust checks in place to make sure that staff were appropriately recruited. People received their medicines in line with the provider's medication policies and procedures. All medicines were stored, administered and disposed of safely.

Good



### Is the service effective?

The service was effective.

People received effective care and support to meet their needs. Staff received training to make sure they had the skills and knowledge to provide effective care to people. People saw health care professionals to make sure they received appropriate care and treatment when needed.

People gave consent for care to be provided and this was recorded in care plans.

Mental capacity assessments were carried out and advocates were available if people had difficulty making appropriate decisions.

Good



### Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity. Staff spoke with people and supported them in a caring and friendly manner.

People, who lived at the home, or their representatives, were encouraged to be involved in decisions about their care and support needs.

Regular meetings were held with staff and people who used the service to discuss concerns or suggestions.

Good



### Is the service responsive?

The service was responsive.

Plans were in place to enable people to carry out activities both inside and outside the home.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

When people were transferred between services information was accurately recorded and passed on. Professional advice was followed when recommendations for changes were made.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

People received care and support which was personalised to their wishes and preferences.

The home had an open door policy meaning people were able to discuss concerns when they visited the home.

The home had a culture of positive reinforcement and reassurance with support being given by staff that were trained to deal with behaviour that challenged the service.

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care.

**Good**



# Poplar Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 and 2 December 2014 and was unannounced. This meant the staff and provider did not know we would be visiting.

The inspection was carried out by an Adult Social Care inspector.

Poplar Lodge was purchased from the previous owners in April 2014. There had been no inspections of the home since Aspire Healthcare Limited had purchased the property.

Before we visited the home we checked the information that we held about this location and the service provider. Some concerns had been raised by the Clinical Commissioning Group Infection Control Team regarding work that needed to be completed to ensure standards of cleanliness and hygiene were correct.

During our inspection we spoke with two people who used the service and two care workers. We reviewed records that were part of the provider's quality assurance tool, tracked the cases of four people and spoke with the manager.

Before this inspection we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked the management and staff in the service about what the service did well and what improvements were planned.

# Is the service safe?

## Our findings

People who lived at Poplar Lodge were safe because the service had arrangements in place to reduce the likelihood or risk from abuse and avoidable harm. People we spoke with told us they liked living at Poplar Lodge and felt safe living there. One person told us, "I really like being here."

When we arrived at the home we found there was a lot of activity as people were preparing to go out to various places. We saw staff interacted with people in a friendly manner and there was friendly banter between them.

Staff who worked at the home encouraged people who used the service to carry out activities. Activities were planned for individuals and groups and assessments were done to ensure that people were safe and supported while still remaining as independent as possible. People who used the service spent time independently in the home but with minimal supervision, when leaving the home people would be accompanied. For example one person often went to visit someone in their home but there was concern about whether they would be safe while in the person's home. Because of this staff accompanied them to the visit but stayed at a discreet distance during this time. This meant people who used the service were kept safe because they received appropriate help and support.

The provider had policies and procedures in place for recognising and reporting abuse. We spoke with two members of staff about keeping people safe. Staff we spoke with were able to describe to us the different types of abuse and how to report any suspicions they may have. Staff were aware of the provider's safeguarding policy and received training in safeguarding to further their knowledge.

Prior to our inspection we reviewed the statutory notifications that were submitted. We found notifications relating to safeguarding concerns were completed and submitted correctly. This meant people were aware of their responsibilities in relation to safeguarding and when to report concerns to the local authority, police and CQC.

We saw some of the people in the home were at risk of injury due to self-harm or behaviour that may challenge the service. We found the provider had systems in place to record behaviour, both positive and negative and what triggered unusual or extreme behaviour. Care records

included information for staff on how to respond to people's behaviour. For example, one care plan we looked at detailed behaviours that might be displayed and what staff could do in response to it.

We looked at the care plans of four people who used the service and found where a risk had been identified an appropriate risk assessment was carried out and included in the care plan. Risk assessments identified the potential risk, the likelihood of it happening and action to be taken in order to best mitigate the risk.

We saw there was a record of accidents and incidents held in the home. Regular checks were made so the provider was able to look for similarities or trends.

We found the home had an 'Infection Control Inspection' during April 2014 and we looked at the findings of the Clinical Commissioning Group Infection Control Team before our inspection. We saw recommendations had been made in relation to the cleanliness of the home. During our inspection we also looked at the cleanliness and infection control in the home. We saw that some of the required work had been carried out but there were still some areas that needed further improvement. For example we saw there was a supply of liquid soap and paper towels in bathrooms, seating had been replaced and the bathrooms had been decorated with new showers and shower curtains, however, there is still work required to replace bathroom flooring and the shower enclosure. We were told by the acting manager the remaining work was expected to be completed by the end of February. In addition to this a cleaning rota had been put in place and infection control training has been booked for all staff to ensure they are up to date with the most recent legislation.

The acting manager showed us the staffing rota. This showed us that there were three staff on duty each day and at night there was one member of staff awake with a second on a sleeping duty. We asked how staffing levels were worked out and the acting manager told us they were based on the level of assistance people needed. This ensured that there was enough staff on duty to deal with the needs of the people who used the service.

We saw robust recruitment and selection processes were in place. We looked at the files of three staff, the most recent member of staff employed, and two others who had worked in the home for several years. We found appropriate checks were undertaken before people started

## Is the service safe?

work. Staff files included evidence that pre-employment checks had been made including written references, Disclosure and Barring Service (DBS) checks, and evidence of their identity had also been obtained. .

The home had an appropriate medication policy in place. We saw staff who dispensed medication had received training in the management and storage of medicines. We looked at the medication administration records and found they were completed clearly and correctly. We found some

of the people who lived in the home required medication which had precise administration instructions. It was essential that these instructions were followed as failure to do so could result in physical harm. Staff we spoke with were aware of this and were able to tell us in detail what the requirements for this medicine were. This meant people were protected from the risks of receiving unsafe or inappropriate medicines because staff were properly trained.



# Is the service effective?

## Our findings

We spoke with two members of staff who worked in the home. Both staff told us they enjoyed their work and felt they could discuss any concerns they may have with the acting manager. One person told us “Yes I like working here. I know I can talk to [the acting manager] if I need to.”

We looked at the training records for three members of staff and saw staff received training in various areas. This included safeguarding, mental capacity, health and safety and first aid. We saw the registered manager had allowed some of the training to lapse but the new acting manager had booked training to ensure all staff would be up to date.

We saw staff that were new to the home were required to carry out an induction. This included an introduction to the home and company policies and procedures. We found where staff had carried out training, certificates were held to show the training they had undertaken.

Staff files contained evidence of regular supervisions and appraisals taking place. Staff supervisions are meetings between staff and their supervisors which are used to review staff performance and to discuss any concerns or training requirements. We saw where supervisions had taken place a detailed record was kept in staff files. We saw staff appraisals were carried out annually and a record was kept in personnel files. This meant staff working in the home were properly supported to carry out their roles.

We looked at four care records during our inspection and saw that people who used the service, their family, or someone else who knew them well had been asked to discuss the plan of care. We saw information on how to complete care plans was available for staff and these instructions directed staff to sign and date all entries. The care plans we looked at were signed and dated in accordance with these instructions.

We saw people who used the service had access to healthcare services like GPs, opticians, and podiatrists. In addition people received ongoing support from social workers and where appropriate, forensic mental health teams.

During our inspection we saw staff supporting people who used the service to carry out day to day activities whilst encouraging them to be independent. For example one of the people who used the service offered to make tea and coffee for staff. We also saw people being encouraged to prepare their own meals and one person was in the process of decorating their bedroom.

We asked the acting manager if any form of restraint was used in the home. We were told staff did not use restraint, and instead were trained in breakaway and de-escalation techniques. This enabled staff to appropriately support people during periods of behaviour that challenged, while keeping them and others safe.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We spoke with the acting manager about the Mental Capacity Act and DoLS. We found the acting manager was aware of the requirements of these and where people had capacity assessments carried out care plans contained all relevant information. Where people had been found to lack capacity we saw best interest discussions had been carried out and appropriate forms had been completed. We found some people who used the service had advocates who worked on their behalf and some were subject to financial protection. This meant when people may have difficulty making decisions they were protected from abuse because they had someone acting on their behalf.

We saw people who used the service were given choices about the meals they wanted to eat. Staff were trained to prepare nutritious meals and meal plans included a healthy option. People were able to access the kitchen and take food outside of meal times, for example we saw one person had chosen to eat ice cream following their meal. This meant although people who used the service had enough to eat and healthy options were offered these were not always taken.

# Is the service caring?

## Our findings

We saw staff talking to people in a polite and respectful way. People who used the service and staff who worked there interacted well and responded to each other in a friendly manner. People who used the service told us they got on well with the staff. One person told us “We have a laugh”; another said “We get on okay”.

We found the service was caring and people were treated with dignity and respect and were listened to. During our inspection we spent time observing people in different areas of the home and the garden. We saw that staff treated people with kindness and interacted and spoke in a friendly manner taking time to listen and respond to people appropriately.

Some of the people who used the service had pets including guinea pigs and a tarantula. We also saw the home also had fish, chickens and a goat which people were encouraged to help look after.

Staff told us people who lived in the home were very independent and did things around the home. We saw the home had a large kitchen and people who used the service were encouraged to use the kitchen to make drinks and help prepare meals. We saw people who used the service were encouraged to help clean up, using the dishwasher and also the washing machine. This meant people were supported to be independent.

Care records for the people who used the service were kept in a filing cabinet in the staff office. All the information which related to people's history and care was kept in the staff office meaning people's records were kept securely and personal details were kept confidential.

We looked at the care records of four people who used the service. We saw care plans were comprehensive and person centred with a detailed pen picture included. All

care plans included a full description of the individual, information relating to physical difficulties, addictions, medications and hospital admissions as well as preferred daily routine and social history. There was also a personal emergency evacuation plan in place to ensure people would be safe if there was a need to leave the home in an emergency. We found care plans had also been put in place for people's mental or psychological health. For example one person who used the service was found to have low self-esteem and self-worth. This was documented and plans were put in place to prevent the person from becoming socially isolated.

People who used the service were encouraged to participate in the planning of their care and their wishes were taken into consideration, for example, we saw people were asked what they would like to be called and there was also a section titled ‘When I die’ which contained information about people's wishes in the event of their death including whether they wanted to be buried or cremated and where they wanted the service to be carried out. We saw a range of different requests had been made including readings and music. These had been recorded clearly and concisely meaning there could be no confusion or uncertainty when people passed away.

We saw a notice board in the home providing people who used the service with information. This included access to support services and how to make complaints. We saw some of the people in the home had accessed advocacy services and advocates were in place.

People who used the service had good relationships with staff and each other. People were encouraged to spend time together doing activities and working. Staff we spoke with told us none of the people who lived at the home was involved in a personal relationship however, if people did start a relationship risks would be assessed and where required measures put in place to keep people safe.

# Is the service responsive?

## Our findings

Everyone who lived at Poplar Lodge received care and support that was personalised to their individual needs. Care plans were in place for all the people who used the service.

We looked at the care plans of four people who used the service and found they were individual and provided clear and detailed information about people's needs and how they would like to be helped to meet them.

Areas of risk were identified based on the persons individual needs and detailed risk assessments were formulated which were used to minimise potential risks. Risk assessments were regularly reviewed to ensure they were relevant and that there had been no changes.

We found evidence of health assessments from other services and of information provided to Poplar Lodge. We saw where people were transferred from other services, a record was kept in people's care plans of previous support they had received. We saw evidence of appointments and assessments from healthcare professionals which included recommendations for care and treatment plans to assist with their care. Where people had been referred to other services as part of their continuing care we saw evidence that appointments were attended and recommendations followed. For example one of the care files we looked at showed the person had been discharged from another service. Due to difficulties that had been identified the person had been taught coping strategies. We saw these strategies were recorded in the care file along with details of what signs staff could look out for in order to understand how best to help.

Some of the medicines people were taking required regular tests be carried out to ensure that there were no adverse effects on people's health. We saw reviews and tests were

completed with the results logged in care files. Changes to medicines were made accordingly when necessary meaning people's care was adapted to take account of their changing needs.

We saw the provider had a formal complaints procedure in place. We saw there was a record of complaints that had been made and evidence of investigations which had been carried out as part of the complaints procedure. People we spoke with were aware of the complaints procedure but they did not wish to make a complaint. We were told "I tell the staff if there's anything wrong".

We saw people put some of their own property into their bedrooms, including televisions, DVD players and stereo equipment. On the day of our inspection one of the people who used the service was in the process of decorating their room. People were able to lock the door to their bedrooms if they wanted and staff looked after keys if people wanted them to. This meant people who used the service were able to maintain their privacy.

People who used the service had daily routines in place. Activities were planned to ensure people were kept occupied and were able to gain help and support where needed. For example one person went to a self-esteem group and others carried out voluntary work. A building in the garden of the property was used for activities and housed gym equipment, pool table, table football and a music room. The home also had a large garden which people were encouraged to tend and chickens they were able to look after as well as being able to build things and try DIY. On the day of our inspection we saw an outside drain was blocked and two people wanted to try and clear it. We saw the acting manager using encouraging words and suggestions about how best to deal with the problem. This helped people who used the service feel useful.

We saw people who used the service also participated in outside activities, for example people also went to car boot sales, visited relatives and went shopping.

# Is the service well-led?

## Our findings

At the time of our inspection the service did not have a registered manager in place as she had recently stopped working for the provider. There was an acting manager in place who was in the process of registering with the Care Quality Commissioning.

The acting manager told us there was an open door policy in the home meaning people who used the service, their family and other visitors were able to discuss concerns when they visited the home. During our inspection we spent time listening to exchanges between staff and people who used the service. We found there was a culture of positive reinforcement and reassurance with support being given by staff that were trained to deal with behaviour that challenged the service.

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care.

We saw meeting were held every other month with people who used the service with additional meetings for staff who worked at the home. We looked at the minutes of meetings and found people were able to discuss any areas of concern they had about the service or people who used it. We also found discussions were held about staff training, meals and activities.

We saw evidence that fire safety audits had been carried out weekly, fire drills were completed, fire extinguishers were checked every month to ensure they were working correctly and the provider had hired a company to carry out quarterly testing of fire alarms and emergency lighting.

We saw monthly medications audits were carried out with checks being made on the stock held, the completion of MARs and controlled drugs book as well as ordering and logging in medicines.

People who used the service received money which was sometimes held in the home. Where the staff was responsible for people's money a record was kept of all money that came in or was taken out and weekly checks were made to ensure money was not misused.

Health and safety audits were carried out over a four week rolling basis with different areas being looked at each week. These included things like checking external paths and steps were in good condition, checking carpets weren't frayed or wrinkled, rooms were well lit, window glazing not cracked or broken, water temperatures were safe, room temperatures comfortable and is the home clean and well maintained.

After audits had been carried out we saw the acting manager used them to identify areas of concern and to put an action plan in place allowing for improvements to be completed. This meant the provider was working toward continuously improving the service.

Staff working in the home received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner.

The provider had a whistleblowing policy in place and staff we spoke with were aware of the procedures they should follow if they wished to raise any concerns about others or the organisation.

Accidents and incidents were recorded and the manager reviewed the information held in order to establish if there were any trends of patterns. In addition to this, where an incident was because of concerning behaviour by one of the people who used the service, a record was made in the person's care record. This meant where necessary changes could be made to keep people safe.