

# Autism East Midlands

## The Poplars

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service:

The Poplars is a residential care service. The service provides care and support for up to six people who have learning disabilities and autistic spectrum disorder or associated physical needs.

The service worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

There were six people living at the service at the time of this inspection.

People's experience of using this service:

Systems used to monitor the safety and effectiveness of the service needed to be strengthened and embedded into practice. Additionally, improvements were needed to ensure communications were being maintained consistently with relatives.

A cleaning schedule needed to be maintained to ensure all areas of the home were cleaned to a suitable standard.

People were receiving their medicines safely, however guideline needed to be developed for all medicines that were prescribed 'as and when' needed to guide staff who did not know people well.

People were supported to have choice and control of their lives, to be involved in reviewing their care and to make decisions for themselves. However, one person's care records did not adequately record how all of their care needs were should be delivered, which was important due to there being new staff who didn't yet know people well.

People continued to receive safe care. Staff understood how to keep people safe from harm and risk assessments were in place to help people and staff manage potential risks within people's day to day lives, whilst also promoting their independence. Fire systems were in place to keep people safe in the event of a fire, however, fire evacuations needed to be carried out for all staff and to show night time conditions had been covered.

There were now enough staff who had the right knowledge and skills to meet people's needs in a personalised way.

People were supported to have access to a varied and nutritious diet. Information and support provided by external health professionals enabled people to consistently stay healthy.

Staff were caring, and people were treated with respect and kindness.

People, their relatives and staff had a say in how the service was being run.

Rating at last inspection:

At the last inspection the service was rated good (Report published 23 November 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement

During the inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 Governance.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. The provider's action plan submitted to CQC in response to the breaches will be reviewed to ensure improvement actions are timely and appropriately address the identified concerns. If any concerning information is received we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring  
Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive  
Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our Well-Led findings below.

**Requires Improvement** ●

# 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 as part of our regulatory functions. This inspection checked whether the provider was 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.

#### Inspection team:

This inspection was carried out by one inspector.

#### Service and service type:

The Poplars is registered as a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection there was a manager registered with CQC although this person had not been at work so were currently not in the role of registered manager. The provider was using temporary manger arrangements at the service.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

We reviewed other information that we held about the service such as notifications. These are events that happen in the home that the registered provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also had contact with commissioners who had a contract with the registered provider.

During our inspection visit we undertook a tour of the premises. We talked to three of the people who lived at the service and observed how staff interacted with them. We spoke with three relatives by telephone.

We spoke with the area operations manager, the assistant manager, the quality assurance manager and two staff. In addition, we looked at specific parts of the care records of two people and information related to the management of the service. These included the registered provider's quality audit checks, training and supervision records and the systems the registered provider had established in order to communicate and work with external professionals and commissioners.

# Is the service safe?

## Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely:

- People received their prescribed medicines from staff who had received the necessary training to do this.
- There were some guidelines in place to instruct staff on how to recognise when people needed their medicines 'as and when' required, but not for all medicines. This had been picked up in the provider audits and the guidelines were being written up to ensure staff had information to guide them when medicines should be given when people were unable to ask for them.
- There were some gaps in the medicines records which the provider's audit had not identified. Stock levels were current which shows medicines had been given and gaps were recording errors.
- Medicines were safely and securely stored.

Preventing and controlling infection:

- We saw the service was clean and tidy in communal areas and people's bedrooms, however the laundry room and kitchen were in need of a deep clean and posed a risk to infection control. Equipment stored in the lounge needed to be stored in a more suitable area. This had been recently identified in the provider audit and the kitchen was due to be refurbished in June 2019.
- Records showed regular environmental service checks were undertaken by the provider, including utilities, to ensure the service was being maintained safely. However, there were some minor repair issues that needed attention and some areas of the service were in need of a deep clean. We discussed this with the provider, who had identified areas to improve and was working on making the necessary changes.
- Staff had received training about preventing and controlling the spread of infection. Staff had access to and knew to make use of protective equipment such as gloves and aprons when they provided personal care to people.

Assessing risk, safety monitoring and management:

- Processes were in place to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety when they were being supported in the service and when they were out in the community.
- Systems were in place to ensure environmental risk had been identified and monitored for example fire risks. Each person had a personal emergency evacuation plan in place, however the provider had not ensured that all staff had taken part in a fire evacuation or that night time fire conditions had been considered.
- Staff reviewed risks so that plans could be further updated when there was an increase or decrease in risk.
- The registered provider and staff confirmed they had not needed to use physical interventions to protect people from harm, but that staff had an appropriate level of training and understanding in this area.

Systems and processes to safeguard people from the risk of abuse:

- We observed people were relaxed in the company of staff. Throughout our inspection people indicated to us they felt safe through the positive communications they had together with us and the staff team.
- Staff had received safeguarding refresher training and demonstrated a clear understanding of how to identify and respond if a person may be at risk of harm. There had been no recent safeguarding incidents at the service.

Staffing and recruitment:

- The registered provider had recently recruited several new staff to the service, which meant some staff did not know people well.
- Policies and procedures were in place to ensure the provider continued to safely recruit new staff. They included obtaining references from previous employers making checks on the person's identity and completing a Disclosure and Barring Service (DBS) check. The DBS would show if a member of staff was unsafe to work with or had been barred from working with vulnerable adults.
- Staff told us they had not been able to start work until references and DBS had been returned to the provider.
- There were suitable and sufficient staff employed to meet people's needs. Staff told us rotas were planned in advance to ensure there was always enough staff available to support people. The service had not needed to use agency as there were always staff available to cover from the provider's other services.

Learning lessons when things go wrong:

- The registered provider had a robust system in place to monitor and analyse accidents and incidents, so themes and trends could be highlighted and lessons could be learnt.



# 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.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- Staff had received training and those we spoke with had a good understanding of the MCA and the importance of obtaining consent before providing care or support to people.
- The provider told us they made use of mental capacity and best interest decision-making processes to support people to make specific decisions in relation to the arrangements for their care, for example in relation to receiving healthcare support.
- Records indicated people had capacity to make key day to day decisions for themselves. One person needed support with specific aspects of their personal care, but their capacity had not been assessed. The provider was aware of this and was taking action.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and they were.

Staff support: induction, training, skills and experience:

- Staff told us they felt supported by the provider, however records showed they had not received regular supervision to review their learning and development needs. The assistant manager had identified supervisions as an area to improve and had started supervisions with staff and scheduling them in for the remaining year.
- Staff told us they continued to receive update training which was relevant to the roles they undertook and people's existing and changing needs. There was a newly recruited staff member who told us they received thorough training and induction which was aligned to the Care Certificate. The Care Certificate sets out national common induction standards for social care staff.

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

- Consideration had been given to people's needs in the design and decoration of the building. People's own rooms had been personalised to meet their tastes and preferences.
- We talked to the provider about the outside patio area which could be have been made into a nice relaxing space for people. The provider had started to make some adjustments to the outside space and on the day of our visit people were being actively encouraged to get involved in gardening.

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

- People's needs were assessed to ensure they received the right care and support. Information in care records showed people and their relatives had been involved in completing care records.
- Assessments had taken account of people's social and cultural needs and staff were aware of equality and diversity.

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

- People continued to have access to the food and drinks they needed to stay healthy and they were supported by staff to plan their menus and to buy the food they wanted in line with their choices.
- Staff understood people's nutritional needs. Support plans were in place for people to ensure their weight was monitored and staff said this helped them to identify if anyone needed extra dietary support.

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

- People were supported to use local healthcare services, such as GP and hospitals whenever they needed to.
- The provider and staff supported people to follow healthy lifestyles and some of the activities people undertook promoted healthy living. These included; regular walks, trips out into the community, and people were able to carry out gardening and planting.

# 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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people enjoyed interacting socially with staff. People's choice to spend time alone was respected.
- People and their relatives confirmed staff were caring and kind. We saw staff involved people in making decisions and respected their choices. Comments from relatives included, "One of the carers sent a photo of [my relative] which was lovely. Staff are fine. They bend over backwards for [my relative] and I can relax."
- Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed staff had a very good rapport with people and interactions were very kind and encouraging. Staff described to us how they provided care in a respectful manner, while they maintained the person's dignity. This included enabling people to make choices and respecting their decisions. For example, one person chose to have a relaxing morning and wanted to have an extended lay in bed. Staff respected the person's choice and ensured they were given their privacy.

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

- People were able to choose how and where they spent their time. We saw staff checked with people before providing support and encouraged them to express their views and wishes at all times.
- There was information available to staff on each person's preferred method of communication, so staff were able to effectively support people. Staff had a good understanding of people's individual communication needs. During the inspection, we saw staff communicating effectively and appropriately with people. Information was presented in an accessible format, for example easy read information was in place to promote people's understanding.
- People were well supported to develop and maintain personal relationships, including with their relatives.
- People's personal information was stored securely. Staff understood the principles of confidentiality and only shared information on a need to know basis.

## Is the service responsive?

### Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care records were personalised and included details about what was important to people and how they wanted their support to be provided.
- They contained information for staff on how best to support people with any specific personal care needs, such as eating and drinking and supporting people with their medicines. Records also included information about the care people required to safely manage any specific long-term health conditions,
- One person had not been able to access a chiropodist and relatives had stepped in to ensure nail care was maintained. We discussed this with the provider who gave assurances that the person was now receiving nail care in line with their needs. We saw information on some healthcare needs such as ear, ear and nail care was not in place or robust enough to ensure staff could meet people needs, specifically with their being a new staff team who didn't yet know people well. The provider agreed that some aspects of people's health care was missing and agreed to complete this straightaway.
- We observed people being encouraged to live as independently as they wanted and were able to be in relation to a range of everyday tasks such as washing and cleaning, using the bathroom and shopping for food.
- People undertook individual and group activities based on their known interests.
- Individual activities were in place for each person and when an activity had been undertaken it was recorded in daily records. We found the service supported people to participate in person centred activities and provided regular opportunities for social engagement. We observed staff supported people to access their local café, where we were told they enjoyed going for a drink.

Improving care quality in response to complaints or concerns:

- The relatives we received feedback from told us information about any concerns raised would be followed up and addressed quickly by the provider. The provider had a complaint policy and procedure in place and currently had no formal complaints.

End of life care and support:

- Although no-one was in receipt of end of life care, the provider had some information relating to some individual's choices and preferences however this was not the case for everyone.

# 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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care.

- At the time of our inspection there was a manager registered with CQC although this person had not been at work, therefore were currently not in the role of registered manager. The provider was using temporary manager arrangements at the service. A registered manager is a person who has registered with the Care Quality Commission 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.
- We found leadership within the service had been inconsistent. This had an impact on the service sustaining a rating of good. Supervisions of staff had not taken place in line with the provider's own policy. Areas of the environment were in need of a deep clean. There were some minor shortfalls with medicines records and information in relation to people's health needed to be more detailed. Fire evacuations needed to take place for all staff and MCA and best interest decisions were not in place for all decisions. Systems used for checking were not robust in identifying and rectifying areas found on this inspection.
- A quality assurance auditor employed by the provider had carried out a full and detailed audit which had helped the management team to identify service shortfalls and develop an action plan to make the necessary improvements. The quality audit and other systems of checking needed to be embedded into practice, to ensure further improvements were sustained.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Relatives felt there had been too many management changes in the service and communication was inconsistent. One relative said, " I have no idea who the manager is. The Poplars have not been very good at getting in touch. Changes of staff affect my relative." We discussed this with the provider who was aware that communication could be improved and had recently sent relatives a letter and intended to further involve them in the running of the service.
- Staff meetings had not been held on a regular basis to share learning and good practice so staff understood what was expected of them at all levels.
- Staff said they felt more supported in recent months and they were able to approach the management team.

- The registered provider had ensured our latest CQC inspection report and rating was on display and available for people and their relatives to access.
- Family review surveys were carried out periodically to ask for feedback about the quality of services from their relatives.

#### Working in partnership with others

- The service worked in partnership with key health and social care professionals with an aim to achieve positive outcomes for people.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The systems and processes for assessing, monitoring and improving the quality and safety of the services provided for carrying on the regulated activities had not been operated effectively.