The Poplars Care & Support Services Limited

The Poplars Nursing Home

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

This unannounced inspection took place on 29 February 2016. At our last inspection in February 2014, we found that the provider was meeting the regulations we assessed associated with the Health and Social Care Act 2008.

The Poplars is registered to accommodate and deliver nursing and personal care to a maximum of 47 people. People who live there may have needs associated with old age or physical disability. At the time of our inspection 30 people were living there.

The manager was registered with us as is required by law. 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 that overall medicines were administered, stored and disposed of safely. There were systems in place to protect people from abuse and harm. Staff had a clear knowledge of how to protect people and understood their responsibilities for reporting any incidents, accidents or issues of concern. People felt there were a suitable number of staff on duty with the skills, experience and training in order to meet their needs. People using the service, their relatives and staff were satisfied that there were enough staff available within the service.

Staff supporting people had access to a range of training to provide them with a level of skills and knowledge to deliver care safely and efficiently. Staff were able to give an account of what a Deprivation of Liberties Safeguard (DoLS) meant for people subject to them and described how they complied with the terms of the authorisation when supporting that person. Mealtimes were structured in a way that encouraged people to identify it as a social event and an opportunity to interact with others. People felt they had good access to health care support when required and that staff responded to health care issues in a timely manner

People were happy living at the home and felt that staff treated them with dignity and respect. Staff interacted with people in a positive manner and used encouraging language whilst helping them to maintain their independence as far as was practicable. People told us they were provided with the information about the service and their care and treatment that they needed. People were supported to observe their cultural preferences and spiritual beliefs.

People were supported to make decisions about their lives and discuss things that were important to them. Staff were responsive to people when they needed assistance. People's life history, likes, dislikes and preferences were known and staff were knowledgeable about how to meet their needs in line with these. Information was on display about how to make a complaint. The provider demonstrated to us how they had effectively acknowledged, investigated and responded to complaints that they had received.

People and staff spoke confidently about the leadership skills of the registered manager. People were involved in meetings and were able to influence how the service was run. People were confident that the registered manager would respond positively to their requests and staff were happy working at the home. The registered manager undertook regular checks on the quality and safety of the service.

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.

People were protected from the risks in relation to medicines as overall they were administered, handled and stored in a safe manner.

People's care was delivered in a way that ensured their welfare and safety was considered.

The service operated safe recruitment practices and provided sufficient numbers of staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People were supported by staff who were appropriately trained to respond to their individual needs.

People were supported to eat and drink well to maintain their health.

People had access to health care support so that they were supported to maintain their health.

Is the service caring?

Good

The service was caring.

People were complimentary about the staff approach and the care they received.

People were provided with information about the service and their care.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People knew how to complain and felt at ease to raise any concerns they had.

People's care was delivered in line with their expressed preferences and needs.

Is the service well-led?

Good

The service was well-led.

People and staff spoke positively about the approachability of the registered manager.

The provider's quality assurance systems were effective in identifying issues in relation to the effectiveness and safety of the service.

People benefitted from a service that had effective systems in place to monitor the quality of the service.

The Poplars Nursing Home

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.

The inspection took place on 29 February 2016 and was unannounced. The inspection team consisted of two inspectors and a pharmacy inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with five people who used the service, five relatives, three members of staff, the cook, the registered manager and the provider. We observed the care and support provided to people. Not all the people using the service were able to communicate with us so we used the Short Observational Framework for Inspection (SOFI) during the morning in the lounge area. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. These included reviewing three people's care records, looking at the staff training matrix, three staff recruitment records and six people's medication records. We also reviewed a range of records used in the day to day management and assessment of the quality of the service.

Good

Is the service safe?

Our findings

People told us they were happy with the support available at the service and that they felt safe. They told us, "Feels as safe as houses, no problems here at all", "I feel very safe here", and "Staff care for me and make sure I am safe".

Staff described to us how they kept people safe and that they had received training to help them to recognise what different forms of abuse, how to protect people and who any concerns should be reported to. A relative gave us an example of how one resident was upset that morning and how staff dealt nicely with the person but was protective of other people around them. A staff member told us, "We check on residents regularly, checking they are okay, like for instance making sure any bed rails are up correctly". Other staff members told us, "If we have any concerns we report it straight away and then document our concerns too", and "If I am concerned about someone I report it to the nurse or manager".

People's health and risks to their health were understood by staff. Staff we spoke to were aware of the individual risks for people and told us how they supported them with these in mind. For example we saw staff supporting people with their specialist walking aids and any equipment people needed to assist them to move was within their reach. We observed that the communal areas and individual rooms were clutter free allowing people to move about safely. Records showed that assessments had been completed in respect of any risks to people's health and support needs, which were reviewed and updated regularly.

People told us that care staff were available when they needed them. We observed that staff were not rushed when they were attending to people's needs. People told us they had no concerns over staffing levels. They said, "There are plenty of staff who come pretty quickly when you need them", and "Staff always come when I ask; they check on me throughout the day and night". One relative told us, "Mum can get anxious at night; the staff are good and know how to calm her and sit with her until she's more settled". We saw that when people asked for help and support there was always a staff member around in the communal areas to step in and support them. We observed staff responded in a timely manner to call bells. The registered manager told us that levels of staff on duty were assessed using a dependency tool to ensure enough staff were available to meet people's needs. A staff member told us, "There is always enough staff to meet people's care needs".

Staff confirmed that the appropriate checks and references had been sought before they had commenced their role. A staff member said, "I had all the checks done and they sought my references before I started work". We found the processes in place to ensure staff recruited had the right skills, experience and qualities to support the people who used the service were in place.

We looked at the medicines management processes and records within the service. We reviewed the Medication Administration Record (MAR) charts and observed a nurse administer medicines. We spoke to one person about how their medicines were managed, who told us, "I think it's wonderful, the nurses look after all my tablets". A relative told us, "The staff don't push for [relative's name] to take medicines, they persevere and are patient". A relative of another resident told us that they have a "level of trust" in the

service to provide medicines, stating they had "no complaints".

A staff member was able to show evidence that people who need their medicines at specific times received them promptly. The MAR charts we viewed were always filled in but lacked a record of where and how often topical medicines such as creams were being applied. This meant that there was no way of knowing from the records, if a person had their cream as prescribed. We discussed this with the provider and they agreed to rectify this. Some medicines were prescribed 'as and when' people required them, known as "when required" or 'PRN'. We saw that clear, robust protocols were in place to inform staff when to give these medicines. Some of these protocols were not individualised meaning people may be given their medicine differently to what the prescriber had intended. For example, where a medicine had been prescribed "as required" for one person, no clarification was sought from the prescriber to determine what dose can and should be given.

Two people were prescribed a medicinal skin patch for pain relief. The records showed that the patches were applied at the correct intervals but there was no record of where the patches were applied. For one person we were told that the patch was alternated between two places on the body. This was not in line with the manufacturer's guidance, which could result in unnecessary side effects. This issue was raised with the provider and they agreed to ensure staff were made aware so that future practice was safer. We found that one person needed to have their medicines administered directly into their stomach through a tube and the necessary safeguards were not in place to administer these medicines safely. There were no written protocols in place to inform staff on how to prepare and administer these medicines; however staff we spoke with were able to demonstrate to us that they knew how to safely administer medicines via this route. We asked for an error log of medicines incidents and were shown one significant event from the last six months. There was clear evidence of learning from this event although there was no recent evidence of reporting or shared learning from near misses or less significant errors. We discussed this with the provider.

Medicines were being stored securely, and at the correct temperatures, for the protection of service users. Controlled drugs were stored and recorded correctly, and regular checks had been carried out. Medicines that had a short expiry when opened were always dated, which means staff were able to identify when the medicine was no longer safe or effective. All staff administering medicines had completed appropriate training and staff were able to demonstrate an awareness of the medicines policies.

Good

Is the service effective?

Our findings

People told us they received care from staff who understood how to care for them and were complimentary about their abilities and skills. They told us, "Staff seem to know what they are about by the care that they give and how they look after me" and "The staff are very good at what they do". A relative stated, "The staff seem well trained as far as I have seen, they treat the people here how they should".

Staff discussed with us the training they accessed and how this supported them to deliver effective care to people. They told us the provider offered a range of training in a variety of subject areas that were appropriate to the people using the service, for example dementia care training. Staff told us that management were supportive in respect of them wanting to undertake extra training to improve their knowledge about people's health conditions. A staff member said, "I have good access to training". We saw that staff had received the appropriate level of training and updates to maintain and improve their knowledge about how to look after people safely.

People were assisted by staff that were supported in their roles by the management team. Staff told that they had regular one-to-one meetings in which they discussed any concerns they had, received feedback on their performance and discussed their training needs. Staff told us, "We have staff meetings, supervision and an appraisal every year", and "The manager is supportive and provides us with clinical and general supervision". Staff told us they had an induction before they were allowed to work alone and they felt this and prepared them well to perform their role. A staff member said "I had an induction, it was pretty thorough". This meant that new staff were supported by more senior staff who worked alongside them until they were confident in their role. The registered manager told us they were in the process of implementing the Care Certificate for all new starters. The Care Certificate is a national qualification in care and has been developed to ensure a good standard of practice is established through its completion.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Staff had received training and understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

We observed that people's consent was sought by staff before assisting or supporting them. One person said, "Staff always ask my permission before helping me". Records we viewed showed that people's mental capacity was considered in relation to specific interventions, when they were unable to give clear informed consent. The staff team understood their responsibilities in relation to MCA and DoLS and had undertaken training in this area. A staff member stated, "I had training recently which clarified which people need DoLS applications and about how to document best interest decisions". One person who used the service had a

DoLS authorisation in place and the provider had submitted further applications to the supervisory body (in this case the local authority) for assessments to be carried out. We found that staff were not always clear about whether DoLS applications submitted had been authorised. We spoke to the registered manager about this and they agreed to ensure that the outcomes of applications made were shared more consistently with staff. However staff were able to describe what an authorisation meant in practical terms and demonstrated how they were complying with the conditions of the authorisation in place.

During mealtimes the atmosphere was calm and relaxed making it a sociable event. People enjoyed their food and there were friendly interactions between people and staff. People spoke positively about the quality of food and drink available. They said, "I am satisfied with the food", and "The food is absolutely lovely". Relatives told us, "More than pleased with the food here. The cook makes a real effort" and "The food is brilliant here, I have seen for myself, there is plenty of food and drinks always being offered". People told us, and we could see for ourselves that they could choose what they wished to eat and could ask for alternatives to the menu items. The staff
we spoke with showed a good understanding of people's dietary needs; they knew which people had specific dietary requirements and how to cater for these. We saw staff discussing food portion size with people to make sure they were happy with the amount of food they were eating. Drinks were seen to be offered and within people's reach throughout the day. We observed that people, who did not have their meals provided in the dining area or required assistance from staff, received their meal in a timely manner. The cook stated, "We consult with people about what they do and don't like, residents are first and foremost when planning menus and new menus have just been developed with pictures of the dishes on offer to help people to make choices; the emphasis is on fresh and homemade food". They went on to tell us that one of the cooks who is able to cook West Indian dishes and Caribbean type foods, is currently teaching the other cooks to prepare some of these dishes so that they can always be offered to people who prefer them.

Care records showed people were supported to access regular health screening and checks such as with their GP, the optician and dentist. One person told us, "I am confident if I asked to see my GP, they [staff] would sort it for him to visit promptly". A relative commented, "They [staff] deal with things like that well". Daily records showed staff had observed people's health closely and sought advice about possible treatment with the GP. Staff we spoke with had a good understanding of people's health conditions, such as diabetes and outlined what signs and symptoms they needed to be aware of, which may indicate intervention was necessary. We saw examples in records of staff accessing more urgent reviews by a doctor in response to people's changing health needs.

Good

Is the service caring?

Our findings

People were supported by staff that treated them with kindness, compassion and respect. People praised the staff with comments such as, "The staff are extremely kind", "The staff are so gentle and caring; they make me laugh and are always cheerful" and "Staff always have time for me". Relatives told us, "The staff are friendly, they are very good really" and "Even when they seem busy they always make time to talk to people".

During our visit we spent time in the communal areas and saw that people were relaxed about asking staff for assistance. People were observed to be comfortable in the company of staff with appropriate humour heard between staff and people. We observed many warm kind interactions between people and staff. It was clear to us that staff were dedicated to people and their comfort.

People were supported when they needed emotional support from staff. For example, we saw one staff member sitting with a person who was distressed, stroking their hand and offering kind words until they were more settled. A relative told us, "The care is much more than adequate; [relatives name] is more than happy here". Staff members told us, "Care is very good here, we care for the people as we would our family" and "It's a good home with caring staff". Staff we spoke with knew people's health needs well. This was demonstrated through the interactions we observed; for example we saw two staff members supporting a person to walk; throughout their interaction they used encouraging language, such as 'just take your time' and 'nearly there, nice and slow'.

People told us they were consulted about decisions regarding their care and had been given the necessary verbal or written information they needed. One person told us, "I have seen my care plans and the manager discusses my care with me, what I want and what I can expect". A relative told us, "The staff always ring me if there's a problem, I do feel I get all the information I need". People told us staff would take the time to try and resolve any issues they had and would discuss options available to them and include them in the decision making process.

People felt they were encouraged to remain as independent for as long as they possibly could and staff would make every effort to provide the necessary support or equipment required to maintain this. They told us, "They [staff] support you to do the things I can still do for myself and help you to do the things I can't" and "I am always encouraged to walk small distances I can manage, staff are there if ever I can't manage". We observed that people, who were able, were encouraged to walk from their rooms to the communal lounge, with staff assistance.

People were asked about their cultural and spiritual needs as part of their assessment. One person said, "The food is not always what I am used to eating but I do have choices, so I have meals cooked for me that I like, the cook does special meals for me"; we saw that these were in line with their cultural needs and preferences. We saw that people always had access to staff who could speak with them in their own language. A relative told us, "[Relative's name] always has someone to talk in her own language". People told us they were supported to observe their chosen religion.

People said staff always ensured their privacy and dignity was respected. A person said, "Staff treat me with dignity and always ask me before doing anything". We saw that staff were respectful of people's wishes, knocking on bedroom doors before entering bedrooms and using people's preferred names when speaking with them. We observed staff often touched people on their arm or hand before speaking with them to make sure they did not startle them and made sure they spoke with them on their level. We observed staff communicating with people in a dignified and discreet way, for example when people needed assistance to attend to their personal hygiene.

People told us that staff had taken the time to explain any issues or questions they had about their stay, care and treatment when they started using the service. We saw that people were supplied with a service user guide on admission which outlined what they could expect from the service and other important information. Information about local advocacy services including their contact details was not displayed as the service had run out of leaflets; however staff we spoke with knew how to access independent advice for people. The registered manager told us they we would replenish the leaflets as soon as possible.

Good

Is the service responsive?

Our findings

People told us that staff asked for their views about how they would like their care to be delivered. One person told us, "The staff always ask me if I am happy and they know how I like things done". A relative told us, "I am very happy with the care my mum receives, they [staff] do what she wants and has asked for". Another relative said, "[Relatives name] would say if the care wasn't done how she liked". Records showed assessments were completed to identify people's support needs. Records we reviewed demonstrated that people had contributed to/or had been involved in the planning of their care.

Care plans contained personalised information detailing how people's needs should be met. Personal preferences included important instructions for each individual, for example people's bedtime routines. People we spoke with told us they received the care they wanted in the way that they had expressed. Staff we spoke with were aware of people's likes, dislikes and preferences. Care plans had been regularly reviewed and updated.

People told us that the activity co-ordinator was good and said most of the activities were group based. A person told us, "I really like bingo, we play it often". We saw staff encouraged people to join in a game of bingo and were attentive to them during this activity; people were animated and clearly enjoying the activity on offer. One relative told us, "A lady comes in and does exercises with [relative's name]; they also have a sing along and the music man comes in, she really enjoys all the activities". The registered manager told us that the activities coordinator was newly recruited and was at present trying to develop more individualised activities and increase access to the local community for people. A staff member said, "The activities coordinator does group activities and also spends time and chats with people who are in their room". People's rooms had been personalised and displayed items that were of sentimental value or of interest to them.

People told us that when they were in their bedroom staff checked on them on a regular basis and attended to them in a timely manner if they pressed their call bells. One person said, "They [staff] respond quite quickly to the call bell and they check on me at night; they come pretty quickly when you need them". We observed that those people unable to utilise their call bells were checked on regularly by staff to ensure their well-being.

Visiting times were open and flexible for relatives and friends of people. All the relatives we spoke with said they were able to visit the home whenever they liked and were always made to feel welcome. On the day of our visit, we saw visitors were greeted by staff who knew them and their loved one personally, drinks were offered to them and staff relayed information to them about the person's well-being.

People told us they felt at ease raising any concerns with staff as they arose. One person told us he had no problems at all but if he did he would be happy to speak to any member of staff who 'would sort it out'. Another person told us, "I see the manager regularly and she always asks if I have any concerns". Relatives told us, "If I need [registered manager's name] I can just go and see her, she has always sorted things out for [relatives name]" and "I am able to talk to the manager about anything and she will deal with it". A staff

member told us, "I would report any concerns to the manager or you (Care Quality Commission) if I had to, but couldn't see a time when this would be necessary, the manager is very responsive".

We reviewed how the provider dealt with complaints. People we spoke with knew how to make a complaint. People told us, "I have seen that there is a complaints procedure" and "I have no complaints". A relative said, "I have no complaints; [Relatives name] would say if there was a problem and she's never made any complaints". We saw that investigations had been undertaken into complaints when they were received and the results including the acknowledgement, findings and response, were clearly documented and shared. Information was displayed about how to make a complaint and people could access this in a variety of formats.

Good

Is the service well-led?

Our findings

People including staff told us, and we saw that the atmosphere in the home was open, friendly and welcoming. One person told us, "It's a very good place to live". Relatives spoken with told us that they were kept informed about things that went on in the home and that if there were any concerns with their relative they were contacted. They said, "I am very happy with the care my wife receives'' and "We are happy with the care [relatives name] receives and the home in general".

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. Staff spoke to us about the approachable nature of the registered manager saying, "You can go to [registered manager's name] about anything", and "I can speak to the manager openly about any issues". People told us and we saw that the manager and all staff were approachable. A person said, "The manager is lovely".

We saw that the provider supported the registered manager and staff well; they were clear about their roles and responsibilities. We saw evidence from meetings that staff were involved in how the service was run. A staff member told us, "The providers are very supportive and always get for us what is required". Other staff members told us, "I enjoy working here, it's a good place to work" and "I am happy working here and with the team". The registered manager told us they had regular contact with the provider who monitored their performance.

The registered manager was visible throughout our visit and one person told us, "The manager checks up on the staff and is always about". A staff member said, "Any work that is allocated to staff is checked regularly to ensure that people get the care they require". All the staff spoken with said the management team had an open door policy and they felt listened to if they raised any concerns or suggestions. People told us there was always a good atmosphere and we observed that staff seemed to work well together.

During our visit a relatives meeting took place organised by the area manager. We saw that this was used as a forum for sharing information about the development of the service and also for people to ask questions, make suggestions or raise any concerns they had. These meeting were held periodically and people told us they were of value to them. People told us they were encouraged to offer their thoughts about the quality of the service provided in meetings, completing questionnaires they were given and also through regular communication with staff. A relative said, "I attend meetings and have been asked to fill out surveys". The provider sent out questionnaires to people and staff; we saw that the feedback had not been uniformly analysed for all groups. Analysis that had been completed had not been shared; information about any action taken by the provider to address any less positive aspects was lacking. The provider agreed to ensure this was undertaken and shared more openly.

We reviewed the systems in place to monitor and assess the quality of the service. Risks to the safety and welfare of people who used the service were undertaken regularly. For example within the environment

through health and safety checks on equipment and by infection control audits. The registered manager completed regular audits and checks, reviewing any risks to people regularly and responded to any actions required in a timely manner. Staff we spoke with confirmed this; checks included cleanliness of the environment and safety. We found the analysis of accidents/incidents at the service was variable and did not always clearly demonstrate actions taken, including any future preventative measures put in place. However, we also observed some good examples of analysis, including the completion of answering questions such as 'what could have been done better' and 'what went well'. After our inspection the provider sent us supporting evidence with regards to our feedback during this inspection in relation to accident analysis; which included plans to make more robust and uniform analysis across all accidents, incidents and events at the service.

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via the management team, the local authority, or you (Care Quality Commission). Records showed that the service worked in partnership with other healthcare professionals and the local authority to ensure people's care needs were met.