

The Poplars Limited

The Poplars

Inspection report

Alsagers Bank
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

The Poplars is a residential care home providing personal care to 26 people aged 65 and over at the time of the inspection. The service can support up to 33 people in one adapted building and supports people who may be living with dementia and physical impairments.

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

Medication management required strengthening. We have made a recommendation about the management of some medicines. The provider did not have a systematic approach to staffing levels based on people's needs. The provider was aware of their duty of candour and worked in partnership with other professionals.

People were supported to express their views; however, we have made a recommendation about the provider ensuring this is documented.

People and relatives told us staff were caring and people were supported by kind and respectful staff. People had their privacy maintained and their dignity promoted.

Risks to people were assessed and people told us they felt safe. Staff were safety recruited and there were enough staff to meet people's needs. People were protected from the risk of cross infection as staff wore personal protective equipment and lessons were learned when things had gone wrong.

People received effective care from the service. Pre-assessments were completed, so the registered manager knew they could meet the needs of people before they moved in. People told us they liked the food and had enough to eat and drink. Staff worked with health professionals to ensure people received timely support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received personalised care to meet their needs and were supported to take part in activities within the home. The service was following the Accessible Information Standard and had complaints policy in place. People's end of life wishes were considered and documented in care plans.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 responsive.

Details are in our responsive findings below.

Good ●

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 (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.

Inspection team

The inspection was undertaken by one inspector, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Poplars is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 two managers 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.

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 who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service, three relatives and three friends of people about their experience of the care provided. We spoke with seven members of staff including the registered managers, director of care, senior care workers, care workers and the chef and one health professional. We used the Short Observational Framework for Inspection (SOFI). 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. This included four people's care records and multiple medication records. We looked at five 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 care plans and quality assurance records. We spoke with one professional who regularly visited the service.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant 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.

Using medicines safely

- Some aspects of the providers systems to manage medication required strengthening.
- Medication administration records (MAR) were in place however, we found signatures were missing from some MAR. This meant there was a risk people had not received their medicines as or when required.
- Medication stock levels were not kept for some medicines. This meant the provider was not aware how much medicine they had in stock for people at any one time. This could leave people at risk of running out of their medicines.
- We found one person had not received their prescribed medicines from the day before. We spoke to the registered manager about this who contacted the pharmacy for advice.
- Where people were having medicines covertly, it has been assessed and planned for, however it was not in line with current guidance.

We recommend the provider refers to current guidance on covert medication and take action to update their practice accordingly.

- Following our feedback, the provider has implemented new medication audits to mitigate future risks.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential abuse.
- Staff were aware of their safeguarding responsibilities and knew who to report concerns to.
- One staff member told us, "Safeguarding is keeping the residents safe from harm, protecting them."
- We saw records which showed staff had received safeguarding training.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed. During the inspection we saw staff working with people to maintain their safety. For example, supporting people to mobilise.
- One person told us, "I feel safe, the staff look after us all."
- A relative told, "[person's name] feels safe, that was one of the main things [about living there]."
- Where people were at risk of their health deteriorating, for example pressure sores, we saw that plans were in place to mitigate this risk and were being followed.

Staffing and recruitment

- Staff were safely recruited. The provider undertook Disclosure and Barring Service checks (DBS) prior to staff starting their employment. DBS checks help employers make safer recruitment choices.

- There were sufficient number of staff to meet people's needs. One person told us, "You're not waiting long for the buzzer calls to be answered."
- One staff member told us, "Staffing levels are good."

Preventing and controlling infection

- People were protected from the risk of cross infection.
- We witnessed staff wearing personal protect equipment (PPE).
- Staff were aware of their responsibilities around PPE. One staff member told us, "When we support with personal care we wear gloves and aprons, a clean pair per each resident."

Learning lessons when things go wrong

- Lessons were learned when things had gone wrong.
- The provider analysed accidents and incidents and from this the registered manager had increased staffing during the times that had been identified in the analysis.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs and choices assessed.
- Pre-assessments were completed prior to people using the service. This ensured the provider could meet the needs of the person.
- Where people had lasting power of attorney in place, the provider had asked relatives for copies of these and they were kept in people's care files.

Staff support: induction, training, skills and experience

- Staff received an induction before starting in their role and told us the induction was good and enabled them to do their job well.
- Staff were positive about the training they received and told us they were encouraged to develop their knowledge and skills to meet people's needs.
- One relative told us, "I'm very happy with the staff, they look after [relatives name], they know them, and they're reasonably trained from what I've seen. I'm happy with it and [relatives name] is happy with it."

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

- People were supported to maintain a balanced diet.
- People told us they enjoyed the food, with one person telling us, "The food is always good, we have fresh fruit offered to us every morning at coffee time."
- People had a choice of food and drink and we observed one person telling a carer who was supporting them with their meal the food, "Tastes very nice."
- Where people had specific needs around nutrition, for example weight loss, we saw food charts were in place and being completed as necessary.

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

- People had access to health care services. We saw records which documented contact with health care professionals for people.
- We observed health professionals visiting people at the service whilst we were there.
- People told us they received access to health professionals, such as the district nurse.
- A health professional told us, the service can sometimes, "Contact them every day and they [the provider] are quite happy to do that" and ask for their advice.

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

- The service was adapted to meet the needs of people with reduced mobility.
- People had access to the garden which had been adapted for people with mobility needs.
- People could personalise their bedrooms if they wanted to.
- The provider was about to commence decorating the premises, to include personalising people's bedroom doors and having a new carpet fitted, which would be better suited to people living with dementia.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- Mental capacity assessments had been completed when appropriate and best interest decisions recorded.
- DoLS had been applied for when necessary and the registered managers were aware if there were any conditions attached to these.
- One staff member told us, "Mental Capacity means if people can make decisions for themselves. If they can't, you have to make them in their best interest".

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by caring staff.
- One person told us, They are kind and respectful staff, they are all very lovely".
- Another person told us, "They are very considerate."
- A relative we spoke to said, "[Person's name] thinks the staff are wonderful, very kind and caring".
- Staff talked about people with respect and empathy. One member of staff said, "The residents are like family. We love them, and I enjoy talking to them."

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

- We saw staff checking with people what they wanted to do throughout the day. For example, where a person wished to eat their lunch and if they wanted to play a board game.
- We observed one person expressing their views on the size of the lunch they wanted to a staff member.
- To gather people's views, the service had recently undertaken a resident satisfaction survey, with largely positive results.
- We saw that reviews of people's needs were held but it was not evident how many people had been included in these reviews.

We recommend the provider ensures reviews are documented to show people have been consulted about their care and their views recorded.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their independence promoted. One person told us, "My room is always tidied, and my bed made every day."
- Another person told us staff, "Do what you want without any argument."
- Staff told us, "We encourage independence even if it is time consuming. We don't rush the residents."
- One relative said staff encouraged independence and their loved one was now, "Walking better with their frame."

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 good. At this inspection this key question has remained the same. 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

- Care plans detailed people's needs, likes and dislikes and preferences for how they wanted to receive their care. For example, food, activities and past history.
- However, some care plans lacked guidance for staff which was personalised to that person. For example, supporting people with behaviour which challenged, there was no information about triggers and distraction techniques. We spoke to the provider about this who said they would update this information.
- Care plans considered some of the protected characteristics, under the Equality Act such as marital status and religion. We spoke with the registered manager and care director about including more characteristics into the care plan, such as sexuality to ensure they were considered.

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.

- We observed positive communication between staff and people, for example staff moving to people's eye level when having a conversation and gaining people's attention before talking with them.
- The registered manager stated they had picture cards available should people need these to help communicate.

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 take part in activities within the home. There was a part time activities coordinator employed and we observed care staff asking people if they wanted to engage in activities.
- One person told us, "I like the quizzes and the bingo."
- Another person showed us items they had made such as crocheted flowers.
- There was a weekly church service provided at the home, which we saw was well attended by people.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, however there had been no recent recorded complaints.
- One person told us, "I think [registered managers names] are in charge. If I needed to I would speak to either of them."
- The results from the resident's satisfaction survey showed the majority of people knew who to speak to if they were unhappy or happy.

End of life care and support

- The service had considered people's end of life wishes.
- Care plans documented these wishes.
- If people did not wish to discuss this then this was also recorded in their care plans.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Although there was a sufficient amount of staff to meet people's needs currently, there was no systematic approach in place to establish staffing levels based on people's needs. This meant there was a risk there would not be enough staff in place should people's needs change.
- The providers governance systems had not identified issues within medicine management. This meant there was a risk people would not get their medication as prescribed.

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

- We observed the registered managers were visible and approachable throughout the home.
- There were plans in place to improve the service with time scales for completion, such as sourcing local groups for people to attend and dementia champion training for senior staff.
- People were happy with the service they received, with one person telling us, "I wouldn't want to live anywhere else."

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

- Both registered managers and the care director were aware of their duty of candour and told us it was about being transparent, honest and admitting errors.

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

- The provider engaged people who used the service and staff by asking for feedback through surveys. These had been returned recently and analysed, with largely positive results.
- The service had built links with the local community. A religious congregation attended the home weekly and provided a service to people.
- Visits by children from the local school took place, with one relative telling us, "School kids come from the local school, weekly I think, [relatives name] enjoys their company."

Continuous learning and improving care

- The provider had been in contact with a local college and students who were studying health and social

care would be coming to experience the service.

- Staff told us the provider encouraged development and, "The registered manager supported me with my career progression."

Working in partnership with others

- The provider worked in partnership with other professionals
- One health care professional we spoke to told us they visited the service on a weekly basis and the service communicated well with them. They were invited to attend meetings when necessary and found the staff, "Very approachable."
- Another health professional told us, "Staff are very friendly and could tell me what I wanted to know straight away."