

The Poplars Limited

The Poplars

Inspection report

Alsagers Bank
Bank
Stoke On Trent
Staffordshire
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Tel: 01782721515

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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?	Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced inspection of this home on 20 December 2016. The Poplars is a residential home providing personal care for up to 33 older people, who may be living with dementia. There were 30 people living at the home when we inspected. We last inspected the service on 21 May 2014 and found it was compliant with the standards we inspected.

At the time of the inspection there were two registered managers in post. The provider had two registered managers in post as they were job sharing. 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.

People told us they felt safe living at the home. People were supported by adequate numbers of staff who had been recruited safely. People were supported by staff who knew their risks and how to work in ways to reduce risks. People were supported by staff who knew how to recognise and report concerns about potential abuse. People received their medicines as prescribed from staff who had received appropriate training.

People were supported by staff who were appropriately trained and supported to perform their role. People were asked for their consent before care and support activities were carried out, and the principles of the Mental Capacity Act 2005 were being followed. People were offered choices of food and drink and were supported to maintain their health.

People were supported by staff who treated them with kindness and respect. People were supported to make decisions about their care and support. People's privacy, dignity and independence was promoted and maintained.

People were supported by staff who understood their care and support needs and preferences. People's care records were regularly reviewed to reflect changing needs and people and their relatives were involved in review of their care. People had opportunities to engage in activities and were supported to follow personal interests and hobbies. People knew how to raise a concern or complaint and the provider had a complaints process.

Systems to monitor the quality and consistency of the service were not always effective at identifying concerns or improvements required to the recording practices. People and their relatives were complimentary about the home and how it was managed. People, relatives and staff were given opportunities to provide feedback and the information was being used to improve 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 told us they felt safe. Staff understood their responsibility to protect people from the risk of harm or abuse. There were sufficient numbers of safely recruited staff to meet people's care needs. People received their medicines as prescribed by appropriately trained staff.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were appropriately trained and supported to carry out their role. People consented to care and support and the principles of the MCA were being followed. People were offered choices of food and drink and were supported to maintain good health.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who treated them with kindness. People were able to make choices about their care and support. People's privacy and dignity was maintained and their independence promoted.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who knew their needs and preferences. People and their relatives were involved in the review of their care. People had opportunities to participate in activities and encouraged to follow personal interests and hobbies. People and their relatives knew how to complain and complaints were recorded.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Systems for monitoring the quality and consistency of the service were not always effective in identifying improvements required. People were complimentary about the service and how it was managed. People were provided with opportunities to give feedback on the service.

The Poplars

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 20 December 2016 and was unannounced. The inspection team consisted of one inspector and one 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.

As part of the inspection we looked at information we held about the home. Before the inspection, the provider completed 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 looked at statutory notifications the provider had sent us. These are notifications the provider must send us about certain events, such as serious injuries or allegations of abuse. We also contacted the local authority for information they held about the home. We used this information to assist us to plan for the inspection.

We spoke with seven people who lived at the home and five relatives. We also spoke with two care staff, the cook, the two registered managers and the provider. We carried out observations of how staff interacted with people throughout the inspection. We looked at three records relating to people's care, medicine records and three staff files. We also looked at records relating to the management of the home which included the provider's self-audits.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "There is nothing here to make you feel unsafe. There are always people around. They take an interest in you and check to see you are ok throughout the day and night." Another person told us, "I feel extremely safe here. Everyone is so protective of you and tells you what is going on". Relatives we spoke with also told us they felt their family members were safe. Throughout the inspection we saw staff working in ways to maintain people's safety. For example supporting people to mobilise where they required assistance. One person told us, "I need help to mobilise with my frame to the toilet. They [staff] walk with me to make sure I don't fall. Brilliant during the night as well. Check every hour and half through the night and help me get in and out of bed to the toilet".

People were supported by staff who knew how to keep them safe. Staff were able to tell us how to recognise and report potential abuse. One staff member told us they would be confident to report concerns about people's safety. They said, "I would report to a senior or the registered manager. If the registered manager didn't take action I would escalate to the provider". The registered manager understood how and when to refer concerns about people's safety to the local authority as required, and were doing so appropriately. Staff understood people's risks and were working in ways to reduce risks. For example, where people were cared for in bed and were at risk of pressure sores they were repositioned regularly. Risks to people had been assessed and were being reviewed in line with people's changing needs. Accidents and incidents were being recorded and monitored and appropriate action taken to reduce the risk of re-occurrence. For example, reviews were held where people had fallen and we saw people had been referred to the falls team for further review.

People were cared for by appropriate numbers of staff to ensure their safety and needs were met. One person said, "Yes there are enough staff. Usually someone around and you don't wait long for anything". Another person said, "There are enough staff. I need help to mobilise and you only have to buzz and carers are here within minutes". Staff we spoke with told us they felt there were sufficient numbers of staff to keep people safe and respond to people's requests promptly. One staff member said, "There is enough staff, I don't feel rushed and people are safe and their needs met". Throughout the inspection we saw there were enough staff to respond to people promptly and maintain their safety.

People were supported by staff who had been recruited safely. Staff told us they had to have pre-employment checks completed before they could start working with people. Records we looked at confirmed what staff had told us. We found references and checks with the Disclosure and Barring Service (DBS) were carried out on staff before they were able to start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

People we spoke with told us they received their medicines as prescribed. One person said, "They [staff] give me my medicines as on time as they can, always within 10 minutes of when it should be. They also help me with my inhalers as I have lost power in my muscles to take it myself".

We looked at medicines administration records (MARS) which confirmed people were receiving their medicines as prescribed. People who had their medicines on an as required basis were given these

appropriately and we saw people being asked if they needed this medication during the lunchtime medicines round. People received their medicines from staff who were appropriately trained to administer medicines and had been deemed competent by the registered manager. People's medicines were stored safely. For example, in a lockable trolley in a locked room. Regular checks of medicines and MARS records were completed and documented to ensure people were getting their medicines as prescribed. These checks were effective at identifying any concerns or required improvements and appropriate action was taken. For example, further staff training provided where necessary.

Is the service effective?

Our findings

People were supported by staff who had been appropriately trained and were supported to carry out their duties. One person said, "I have every confidence in their ability to care for me. Not only my practical needs but also emotional ones". A relative we spoke with said, "I am confident they [staff] have both the skills and the training. They seem very competent". Staff told us they were given an induction to their role which consisted of training and observing more experienced staff. Staff we spoke with told us they had access to regular ongoing training to ensure their skills and knowledge was kept up to date and was in line with best practice. One staff member said, "We did diabetes training that was useful in helping me to more promptly recognise the signs of high or low blood sugar and how to respond". We observed staff implementing the skills they had learned. For example, moving and handling people in a safe way. Staff told us that they were provided with regular support and one to one sessions with their manager where they were able to discuss their performance, training needs or any concerns they may have.

People told us staff always asked for their consent to support before it was provided. One person said, "They [staff] ask for consent, they never touch you until you have said yes". Another person told us, "[Staff] always ask if it is alright before they do anything and get me to tell them what I want to do". Staff we spoke with understood the importance of gaining consent from people before providing care and support. Staff told us how they asked people if it was ok to provide assistance. One staff member said, "I would never force anyone to do something they didn't want to". We observed people being asked for their consent throughout the inspection. For example, people were asked if they were ready to take their medicines.

The Mental Capacity Act 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. Staff had received training on the MCA. Staff had an understanding of the principles and application of the MCA. One staff member said, "Capacity is about people's ability to make decisions for themselves. If they [people] can't make decisions themselves they are made in their best interests". We looked at people's care records and found people's care plans were written in a way that reflected the requirements of the MCA. For example, where people lacked capacity, decision specific assessments of people's capacity had been documented and decisions that were made in people's best interests were recorded.

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 saw the provider had made appropriate applications where it was deemed people were being deprived of their liberty. Where these applications had been authorised staff were complying with the conditions applied to ensure people remained safe.

People told us they liked the food. They told us they were given sufficient quantities to eat and drink and were offered choices. One person said, "The food here is excellent. Get good choice at breakfast which you

can have whenever you get up. There's a choice of two hot meals or salad at lunch and they usually ask what you want the day before. But if you don't like either they get you something else. There is plenty of food and always seconds if you want it". Our observations confirmed what people had told us. The cook told us one person had requested an alternative to the menu that day and we saw this was provided. Mealtimes appeared to be a pleasant experience for people. Tables were laid with cutlery, condiments and table decorations and people appeared to be enjoying their meals. One person who had finished their lunchtime meal said, "I've enjoyed that". People were offered flexibility as to when they ate their meals and were given the option to eat in the dining area, communal lounge or in their own rooms. People's specific dietary requirements were catered for. For example, low sugar and vegetarian diets. One person said, "The food is quite good especially given that I am unable to enjoy certain food at the moment. They do their best to accommodate my diet, I tell them what I want. For example they did me chicken today as I cannot eat pork". Another person said, "I have been referred to Speech and Language Team (SALT) about my difficulty swallowing and in response the home are doing all they can to provide a diet I can eat". Where people required support from staff to eat and drink, we saw this support was provided appropriately and at a time and pace the person was comfortable with. We observed people being offered food and drinks throughout the day.

People were supported to maintain good health. People we spoke with told us they had access to a range of health professionals when required such as, GP's, dentists, and chiropodists. One person said, "The chiropodist came last week and I was recently seen by the optician as well". Appropriate action was taken where there were concerns about people's health. One person said, "The GP or Matron comes quickly if I am not well". Relatives we spoke with told us staff kept them up to date with their family members health and well being. One relative said, "The GP comes regularly and the home let me know straight away if there are any changes in [person's] condition or if [person] needs anything".

Is the service caring?

Our findings

People and their relatives were complimentary about the staff and told us staff treated them with kindness. One person said, "They are all so caring and friendly and make a fuss of me. They take an interest in my family. We have a laugh and a joke about things that happen". Another person said, "I can't fault them. They are interested in you as a person, all the staff not just the carers. It's the little gestures that make the difference". They told us how staff had stayed with them all through the night for support, when they had received some bad news. Relatives we spoke with were also very complementary about the staff; describing them as kind, caring, compassionate, wonderful and always very welcoming. Staff we spoke with had an understanding of people's care and support needs and we observed positive and friendly interactions between people and staff throughout the day. Staff supported people with patience and enabled people to do things at a pace which they were comfortable with. For example, we observed a staff member giving people their medicines. The staff member waited patiently with them while people took their medicines in their own time.

People told us staff respected their privacy and dignity and supported them to maintain their independence. One person said, "I need help with my personal care as I cannot stand on my own to do it. They ask first then leave me and encourage me to do what I can myself, making sure I am covered, but being there to keep me safe". Another person said, "They encourage me to be as independent as I can but help me bath or have a strip wash if I prefer. I choose depending on how I feel that day. They are very respectful of my privacy at all times". Staff we spoke with understood the importance of maintaining people's privacy and dignity and promoting people's independence. They shared examples of ways in which they did this when supporting people. For example, by closing doors and curtains when supporting people with personal care and by encouraging people to walk where they were able to. One staff member said, "If a person needs the toilet I will stand outside until they need support, I keep personal information discreet and respect people". They went on to say, "If a person can wash areas themselves I will encourage them to do that". We observed some of these practices during the inspection. For example, we saw staff knocked on people's doors before entering and encouraged people to eat and drink independently where they were able to.

People told us they were offered choices about how their care and support was provided. One person said, "I can choose what I want. Where and what to eat, where and how to spend my time, what to wear, what time I get up, and at the end of the day when I go to bed". Staff shared with us examples of how they provided people with choice and control over their care and support. One staff member said, "People have choices, [person] likes a lie in and we let [person] lie in bed in the morning". We observed people being offered choices throughout the inspection. For example, what they wanted to eat and drink, where they wanted to sit and where they would like to eat their lunch.

People were supported to maintain relationships that were important to them. The home had an open visiting policy which meant relatives could visit at any time. Relatives we spoke with told us they were made to feel welcome when visiting. One relative said, "The staff are always the same. They are happy and friendly and make us feel welcome whenever we come". We observed relatives visiting at various times throughout the inspection.

Is the service responsive?

Our findings

People and relatives we spoke with told us they felt the care and support provided was focussed on their individual needs. They also told us they felt staff knew their needs and worked in ways to meet their preferences. One person told us, "They asked me when I came about getting up and things like that and they have done their best to fit with this. If there is something you like to do they try and sort it out for you. I like company and they find time to talk to you and encourage you to join in, don't just leave you sitting there". Another person said, "They [staff] do a good job. They know you and try to get things done how you like them. I have always been satisfied". A relative told us, "I think care is person centred and adapted to what the individual needs. [Person] has been struggling to eat so they have tried to get [person] things that are soft that [person] can eat". Staff were able to tell us about people's individual care and support needs and how they liked their care delivered. People's life histories, like and dislikes were recorded in their care plans and we saw care was delivered in a way that reflected people's preferences. For example, the cook was able to tell us about people's particular food likes and dislikes and told us how they ensured meals were provided in a way that met people's preferences. People's individual spiritual, cultural and religious needs were understood and met. One person said, "A lay reader I know comes in once a month to administer Holy Communion to me and there is also a regular service". Another person told us, "The local church come in and does a little service for those that want it".

People and their relatives were involved in the planning and review of their care. One person said, "I am very involved in my care plan". Another person told us, "We were all involved at the beginning. This place is wonderful in comparison to others we looked at, and it's all fine and they talk changes through with me". A relative we spoke with said, "They have involved us all in [person's] care plan". Another relative told us staff communicated well with them about their family members care and support needs. They told us, "They phone me or my sister if there is anything at all we should know, although we are here every day so normally just come and tell us". Care records were regularly reviewed to reflect people's changing needs and staff were informed of any changes through a daily handover. This meant people were supported by staff who had up to date knowledge about their care and support needs.

People had opportunities to engage in a variety of activities which they enjoyed for example, bingo, exercise sessions and reminiscence sessions. One person said, "No I never get bored. The door is always open and staff come in and chat to me and we have a laugh and a joke and they sometimes play dominoes with me. I am quite content". A relative also told us, "The home has occasional singers and entertainers coming in". Staff told us people were asked on a daily basis what activities they would like to participate in and they structured activities around what people said they wanted to do. People were supported to follow personal interests and hobbies. For example one person enjoyed gardening. The registered manager told us how they had made an area of the garden for them to plant vegetables and flowers during the summer months. A staff member told us how another person particularly enjoyed knitting and were encouraged to do this. We observed people participating in activities during the inspection. For example, playing dominoes and participating in a music session.

People and relatives we spoke with told us they knew how to raise a concern or complaint and felt their

concerns were listened to and responded to appropriately. One person said, "No complaints. No concerns. But I certainly would know how and to whom I should go to if needed". Another person told us how they had raised concerns and were satisfied with the outcome. They said, "I have never had to complain but have shared concerns and was quite comfortable going to either manager. They will reason it through, talk about it and offer a solution. I have always been satisfied with both process and outcome". We looked at records relating to complaints and saw the provider had a complaints process to ensure complaints were investigated and resolved. Complaints had been documented and appropriately managed.

Is the service well-led?

Our findings

The registered managers were completing a range of checks and audits to monitor the quality and consistency of the service. However, some of these systems were not always effective at identifying the improvements required to the recording practices. For example, we found that one person's records did not contain a risk assessment or management plan to document how their specific condition should be managed. Staff we spoke with knew how to appropriately and safely support the person and how to minimise risks. However, care plan audits had not identified this information had not been recorded. Care plan audits had also not identified some of the improvements we found were required to the documentation of people's daily records

For example, fluid intake was not being accurately measured or totalled where people's fluid intake was being monitored. We spoke to the registered manager and the provider about these issues and they told us they would look into them and take the necessary appropriate action.

People and their relatives were complimentary about the home, they knew who the registered managers were and felt the home was well managed. One person said, "It seems very well organised here to me". Another person said, "I know the managers and could report anything to them, private things that I want dealing with and they will sort it for me". A relative told us, "Yes I know the two [registered] managers. Both are very approachable and efficient".

Staff felt supported in their roles and felt the registered managers and providers were approachable. One staff member said, "The registered managers and providers are approachable and supportive and the providers are here frequently. It's a good management team I'd give them ten out of ten". Another staff member told us, "The managers here are both good as are the owners who used to manage it themselves. You can go to any of them with anything at all. We all work as a team; carers, domestics, cooks, gardeners, managers, everybody's here for one thing, to look after the people whose home this is". Staff told us the registered managers provided hands on care with people if required. We observed one of the registered managers assisting at lunchtime. Staff also told us that the providers were present frequently at the home. We saw the providers interacting with people and their relatives during the inspection.

People and their relatives were asked for feedback on the service. One person said, "We don't have residents meetings but we do get questionnaires to complete. I had one recently and also the manager will come and ask how things are for you". A relative told us, "We have had surveys to fill in and the manager also comes and asks about the care and tells us to let them know if all is not well". Satisfaction surveys were analysed and the findings were fed back to staff to ensure that positive feedback was shared and actions required to improve were taken. Staff felt they were able to make suggestions for improvement. One staff member said, "If you had a suggestion or idea for improvement you would be listened to. I made a suggestion about the tea time menu based on people's feedback. The menu has been altered". The provider was using feedback to make improvements.

The registered managers and providers promoted an open culture within the home. One of the registered managers said, "If there is a problem we will deal with it straight away, rectify it and learn from any

mistakes".

Communication within the home was good. Staff told us about regular team meetings that were held where they were able to discuss people's needs, staff concerns, practice issues and information from audit findings. A daily handover was completed to ensure staff were kept up to date with people's changing care needs and risks. The registered managers and providers met on a weekly basis to discuss the service and any improvements required.

Organisations registered with the Care Quality Commission have a legal responsibility to notify us about certain events. For example serious injuries or allegations of abuse. We reviewed the information we held about the home and saw that they had notified us about events that they were required to do so by law. The registered managers and providers understood their responsibilities and told us they kept up to date with current legislation and best practice to ensure care and support was provided effectively.