

# The Poplars Care & Support Services Limited

# The Poplars Nursing Home

## Inspection report

66 South Road  
Smethwick  
Birmingham  
West Midlands  
B67 7BP

Tel: 01215580962

Date of inspection visit:  
13 August 2019  
14 August 2019

Date of publication:  
12 June 2020

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Requires Improvement</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 Nursing Home is a care home providing accommodation for persons who require nursing or personal care. The service supports people aged 65 and over, some of whom may live with physical disabilities or dementia.

The Poplars Nursing Home can accommodate 58 people in one adapted building. At the time of inspection, 42 people were receiving support.

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

People's records were not always stored securely. People's privacy and dignity was not always maintained. People did not always feel listened too. People's care plans identified religious beliefs and culture needs.

Events had not been notified to CQC in line with legal requirements. People did not always feel care was person centred. The registered manager had implemented an incident and accident analysis system. People's health needs were recorded appropriately. Staff communicated with health professionals.

Care plans and risk assessments lacked detail but were being reviewed. External health & safety and infection control audits had been undertaken, significant improvements had been made in both areas. There were mixed views as to whether there were enough staff. Staff understood how to report concerns about people's safety.

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. Not all staff training was up to date, the registered manager had prioritised mandatory training and was working through this. People were supported with their dietary needs.

People did not always feel there were enough activities. People felt able to make day to day decisions. Staff used various communication methods to support people. People knew how to complain, and formal complaints were dealt with appropriately.

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

### Rating at last inspection

The last rating for this service was requires improvement (10 November 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

The inspection was prompted in part due to concerns received about health & safety, data protection, poor

accident analysis, a lack of recording of people's health needs and lacking information in care plan and risk assessments. A decision was made for us to inspect and examine those risks.

We have found evidence the provider has acted to mitigate risk to people. However, the provider still needs to make improvements. Please see the safe, caring and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Poplars Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to failure to notify and privacy and dignity at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### 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 Nursing Home

## 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 carried out over two days. The first day consisted of one inspector, an assistant inspector, a specialist advisor who has clinical knowledge of the needs of the people who used this type of service and an Expert by Experience. The second day was one inspector and one assistant inspector. 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 Nursing Home 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 a manager 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with 15 people who used the service and eight relatives about their experience of the care provided. We spoke with 10 members of staff including the provider, the nominated individual, registered manager, nurses, senior care workers, care workers and the chef. We spoke with three visiting professionals. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 12 people's care records and multiple medication records. We looked at three 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 statutory notifications and reporting of incidents.



# 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 requires improvement. At this inspection this key question has remained the same 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.

### Assessing risk, safety monitoring and management

- It had been identified by the local authority that people's care plans and risk assessments were lacking detail and information was missing. In response to this, the registered manager and nominated individual prioritised updating plans where people may be at risk if information was missing or incorrect. Those updated were completed to a good standard.
- The registered manager and nominated individual had started to work through individual care plans and risk assessments to identify all areas that needed updating. We saw an action plan was in place and some actions had been completed. However, there were no timescales for when all care plans and risk assessments would be updated.
- An external health and safety audit had been completed and the registered manager and provider demonstrated that all, but one, area of improvement had been completed. The health and safety team had revisited and were satisfied with the outcomes.
- Fire safety checks had taken place and regular maintenance of equipment was evident. All people who lived in the home had an emergency evacuation plan.
- The portable appliance (PAT) testing certificate was over a year old and there were no checks to ensure electrical appliances were safe and suitable for use. However, we did not identify any concerns with electrical equipment and the provider said they would book for their equipment to be PAT tested.

### Preventing and controlling infection

- Staff had received training in infection control and were able to tell us what equipment they needed. Staff told us personal protective equipment was available to them and we saw adequate stock was in the home. This prevented infections from spreading.

### Staffing and recruitment

- People and relatives gave mixed feedback when asked if there were enough staff to meet their needs. People said they had to wait when they required support and felt this was worse at night. Comments from people included, "No there's not always enough staff", "I personally don't think there is enough staff, especially during the evening" and, "Looking at staffing now at this time there seems to be a decent amount."
- The registered manager had a dependency tool that showed how many staff were needed based on people's care and support needs. This also showed they had provided additional staff when required. They said they did not know why people felt like there were not enough staff.
- Staff told us they thought there were enough of them to support people safely and there was a good skill

mix. A staff member said, "The team leaders have a good skill mix and we have some really good staff."

- All pre-employment checks had been carried out before staff started work. This ensured that new staff were suitable to work with the people that lived in the home.

#### Using medicines safely

- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.
- Staff received medicine training and their competency was checked. This ensured staff gave people their medicines safely.
- People did not always know what medicines they were taking or what they were for. One person said, "I am on quite a few tablets, but they [staff] never tell you what they are giving you. They could be giving you anything. I mean I'm not saying they are giving you anything bad but when you're at home you know what you're taking. When you go to the doctor or when you buy it you know, but not here."

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

- Staff understood different types of abuse and knew how to report concerns of abuse. One staff member told us, "I have a duty of care to raise and report, if I knew someone was at risk of harm."

#### Learning lessons when things go wrong

- The provider and registered manager discussed how lessons had been learnt when things had gone wrong. The provider showed us meetings they held where they looked at incidents that had occurred, the outcome, what could have been done differently and what changes could be made to prevent incidents reoccurring.



# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training was not up to date. We discussed this with the registered manager who said they were working through training on a priority basis, records confirmed this. However, there was no date for when all staff training would be updated.
- There was mixed feedback from people about the staff team's skills and abilities. Comments included, "They [staff] vary, some of them are better than others" and "I think so [staff are skilled], the nurses get the finest training."

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

- The service was large and spacious. People were able to decorate their rooms with their personal belongings. The home appeared and smelt clean.
- Overall the décor of the home was not dementia friendly. All bedroom and bathroom doors were the same and there was no signage to identify how to get around the building. People's photos were on their doors, but people suffering with dementia may not be able to recognise themselves. There was a large mirror mounted at the top of a long ramp, which could cause confusion for people living with dementia.

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

- People told us there was enough to eat and drink and they were offered choices. People were offered drinks and snacks throughout the day as well as hot and cold meals.
- People had varying needs in relation to their nutrition such as allergies, specialist diets and support with eating and drinking. Care plans identified where people required support and we observed staff supporting people in line with this. This meant people's nutritional needs were met.
- The cook had a good knowledge of people's specific dietary needs. A relative said, "The food provided by [cook] was excellent, it meets my [relatives] cultural needs."

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

- People's needs were assessed prior to moving into the home however care plans were not person-centred. The nominated individual had a new assessment tool that involved the person and their loved ones, it was focused on what people liked such as their preferred toothpaste and what they could do for themselves. This new assessment showed a person-centred approach.
- Care records showed people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

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 access healthcare services where required. Records showed that people had been supported to see their GP, dieticians and other professionals. This ensured people's health care needs were met.
- Referrals were made to local community teams such as tissue viability nurses and speech and language. This showed staff were aware of people's changing needs.

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.

- People said staff sought their consent and they felt able to say no when they did not want support. One person said, "Yes I am able to make decisions."
- The training matrix showed only half of the staff team were up to date with mental capacity and DoLS training. However, staff had a good understanding of individual people's capacity and the MCA.
- DoLS applications had been made for people who required them, and staff understood what this meant for individual people.

# 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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Concerns had been identified by the local authority about people records not being stored securely. During our inspection we found two occasions where people's confidential information was left in the communal areas.
- People's personal information was displayed on their bedroom doors. This meant confidentiality was not maintained.
- There was concern identified about people's rights to privacy. A relative told us a person was going into people's rooms and taking personal items. We discussed this with the manager and provider, who said they were already aware of this, but the person did not receive constant support. They told us they would look at what else they could do to ensure people's rights to privacy were upheld.
- People did not always feel their personal care needs were met in a timely manner, this meant their dignity was not always maintained. A person told us "To get your pad changed sometimes you have to wait two hours or more."
- People did not always feel staff treated them with dignity, a person said. "Some staff talk over me like I'm not there." When we asked if people felt listened to a person said, "Not 100%, they dismiss you sometimes. You can see, they know you want to ask them a question, they walk past, and they turn their head."

A failure to have uphold people privacy and dignity was a breach of the Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had recently implemented a 'managers surgery'. They were having discussions with people on a 1-1 basis to talk about concerns. This system was not yet embedded and not everyone had been spoken too. Therefore, we were not able to see if this would work to address the concerns people had.

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

- Whilst we observed positive interactions with staff and people, people did not always feel the staff were caring. Comments included, "Some [staff] are nice, some are nasty", and, "Some are kind and caring, but some [staff] have got their favourites." and, "I think if you're not vocal they take no notice" and, "I'm not particularly happy."
- Not everyone felt this way. Comments included, "Some staff are really good" and, "They are good, the day staff are lovely."
- Staff supported people to follow their religious beliefs and have their culture needs met.

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

- People did not always feel staff had enough time to provide compassionate support and they didn't feel they would always be listened to. One person said, "It would be nice if you could have someone come in and sit with you, have a cup of coffee and a chat to make you feel a bit more human."
- People and relatives were provided with questionnaires, so they could express their views about the service. Only seven people or relatives had returned the feedback forms sent out in May 2019. The registered manager said he was going to resend them and encourage people to be open and honest.
- When we asked people if they were involved in decisions made about their care they said "oh yes". Relatives told us they were updated about their loved one's care needs where appropriate.

# 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 required improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- We observed people participating in activities during both days of inspection. However, people did not always feel there was enough to do. We saw most activities were carried out in small groups, with not everyone having the opportunity to get involved.
- People did not always have an opportunity to access the community or outside areas when they wanted too. One person told us, "Only indoor [activities happen] ... we play sitting down games, cards and dominos ... I used to play all sorts of sports ... you can't have all these people and just have one activity person, she can't stretch herself."
- People were encouraged and supported to maintain relationships with their families. Staff had organised a barbeque for people and their families. It was being held at the home with stalls and games as an opportunity for people and their families to spend time together.
- The registered manager recognised activities were an area that needed improvement. They told us they were going to organise more indoor activities such as a book group and a local school choir and planned to have more trips into the community.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We saw some personal preferences were detailed in people's care plans such as, life history and likes and dislikes. This was not the case for all people, but the care plans were under review. Where people's care plans had been updated, they contained good detail about people's personal preferences.
- People told us they were able to make day to day decisions such as where they ate their meals, what they ate, when they got up and when they went to bed. One person said, "I like to do what I like, they [staff] don't come in and tell me what to do."
- People and relatives told us they were involved in reviews of their care. On the day of inspection, we observed family members meeting with the management team to discuss a person's care needs.

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.

- Staff used various communication methods to support people. We observed staff speaking different languages to people and their relatives. The registered manager told us staff translated for people and their families in reviews, if they required this.

- Information was available in different formats for people, for example picture formats and easy read documents. This enabled people to access and understand information.

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain. One person told us, "Once I spoke to one of the staff, it got to the manager and it was sorted."
- The provider had a complaints policy and procedure. Formal complaints had been dealt with in line with the company policy and people were given outcomes.

#### End of life care and support

- We saw end of life care plans were in place for people and contained information about their preferences such as religious beliefs and where they wanted to be for the end of their life.
- Palliative care teams were involved with people where needed and we observed palliative care nurses to be in the service on the day of inspection. The palliative care nurses told us they had no concerns about people and the staff were friendly and helpful. One professional told us "Staff are responsive for people who may need pain relief ... they [staff] try hard, they try and get things right."

# 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 required 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

- The registered manager and nominated individual had not notified CQC of all events which had occurred within the service in line with legal requirements. There were eight events that had not been notified, dating back to 14 November 2018.

Not notifying The Care Quality Commission of events that have occurred in the service in line with legal requirements, is a breach of Care Quality Commission (Registration) Regulations 2009: Regulation 18.

The registered manager sent notifications for the eight events retrospectively. All events had been alerted to the local safeguarding authority and investigated appropriately.

- Where the local authority had identified concerns, the registered manager had acted to resolve any immediate risks such as bed rail safety and safety within the environment.
- A new audit system had been implemented in March and the registered manager was working to embed this. The audit system had not identified the concerns the local authority had found but the registered manager said they were adapting this to ensure it covered all areas.
- The registered manager had implemented an incident and accident analysis system. This was due to start in August. They told us this would look at the time of incidents, the location, which staff were on shift and any trends.
- Daily checks on people's health needs were recorded appropriately. For example, staff were recording when they had supported people with personal care tasks and to relieve pressure areas.
- Staff received supervision. This gave them the opportunity for feedback and development. A staff member told us, "We have regular supervision they are useful. We discuss where I might need help and they [supervisor] helps me."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We observed positive interactions between people and staff however, the feedback from people, relatives and staff was not always positive. Comments included, "No one is unsafe, it's just the [staff] attitude" and, "The night staff have got no compassion. It affects me when they come in and turn the light on" and, "Some

staff aren't so good, they don't have enough time to be patient."

- The registered manager was completing audits on people's experiences, for example meal time experiences. He had identified meal times can be task orientated so issued a memo to staff to remind them meal times should be a meaningful experience. We observed positive interactions at meal times.
- The staff team were aware there were areas that needed improving and felt they were working towards this. However, staff felt the morale amongst the team was low due to the amount of change and audits. A staff member said, "Morale is variable, staff are feeling under pressure with all the audits. We get told we are doing well and then we are not" and, "There has been a turnover of staff and this has effected staff morale."
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.
- Staff felt the management team were approachable and they could raise concerns.

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

- The registered manager understood their responsibility in relation to duty of candour.

Working in partnership with others; Continuous learning and improving care

- Staff communicated with the GP, district nurses and other professionals when required. This evidenced partnership working between the staff team and external professionals to ensure people's needs were met.
- A falls champion had recently been implemented and started workshops with staff. This was to provide additional training for staff and with an aim to reduce falls in the home.
- The registered manager said since they started in January, there has been a lot of work to do. They said it "felt overwhelming" with the number of external audits that had taken place. The registered manager felt they now have a good idea of what needed to be done to improve the service and could start thinking about new ideas. For example, an external person had been commissioned to complete workshops with the nursing staff to help improve their knowledge and skills.



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 10 HSCA RA Regulations 2014 Dignity and respect  A failure to have uphold people privacy and dignity was a breach of the Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  Notifications had not been submitted to CQC in line with legal requirements.

### **The enforcement action we took:**

We served a fixed penalty notice