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

We carried out an unannounced comprehensive inspection of this service on 14 December 2017.

The Poplars Nursing Home is a home for people who receive accommodation and nursing care. A maximum of 58 people can live at the home. There were 47 people living at home on the day of the inspection. At the last inspection, the service was rated Good and at this inspection we found the service remained Good.

People living in the home, their friends and relatives told us that staff support and guidance made the home safe. People told us that staff assistance maintained their safety and staff understood how they were able to minimise the risk to people's safety. We saw staff help people and support them by offering guidance or care that reduced their risks. Nursing and care staff understood their responsibilities in reporting any suspected risk of abuse to the management team who would take action. Staff were available for people and had their care needs met in a timely way. People told us their medicines were manged and administered for the by the nursing staff.

Staff knew the care and support needs of people and people told us staff were knowledgeable about their care and support needs. Staff told us their training courses and guidance from senior care and nursing staff and managers maintained their skill and knowledge. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had a choice of where that ate their meals, and while there was two menu options there was mixed feedback from people and their relatives about this not always being offered. People had been asked the previous day, and on occasion we heard an alternative offered to people on the day of the inspection. The provider was given this feedback to look at how best to consistently support meal choice. Where people needed support to eat and drink enough to keep them healthy, staff provided assistance. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People were seen talking with staff and spent time relaxing with them. Relatives we spoke with told us staff were kind and friendly. Staff told us they took time to get to know people and their families. Family member were updated about their family member's well being from staff. People's privacy and dignity was supported by staff when they needed personal care or assistance. People's daily preferences were known by staff and those choices and decisions were respected. Staff promoted a people's independence and encouraged people to be involved in their care and support.

People's care needs had been planned, with their relatives involvement where agreed. Care plans included care and support needs and were reviewed and updated regularly. People told us activities offered in the home. People also told us they enjoyed reading or socialising with others in the home.

People and relatives were aware of who they would make a complaint to if needed, but not all had seen the providers complaint policy. People told us they would talk though things with staff or if they were not happy with their care.

The manager provided leadership for the staff team and people had the opportunity to state their views and opinions with surveys. The provider had a range of audits in place to monitor the quality and safety of people's care and support. Action plans were developed to maintain the home and care of people. The provider's planned improvements were followed up to ensure they were implemented.

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 remained good.	Good
Is the service effective? The service remained good.	Good
Is the service caring? The service remained good.	Good
Is the service responsive? The service remained good.	Good
Is the service well-led? The service remained good.	Good

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 CQC received information of concern from external authorities and this information was used to bring forward the inspection. We found that the provider had taken steps to resolve these concerns and review these going forward.

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.

Inspection site visit activity started and ended on 14 December 2017 and was unannounced. The inspection team consisted of two inspectors and nurse specialist advisor and an expert by experience who had experience of residential care settings. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We reviewed the information we held about the home and looked at the notifications they had sent us. Statutory notifications include information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority and Clinical Commissioning Group (CCG) who are responsible for commissioning care.

During the inspection, we spoke with five people who lived at the home and seven visiting friend and relatives. 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 also spoke with seven care staff, one nurse, the deputy manager, the clinical lead manager, the registered manager and the provider. We reviewed the risk assessments and plans of care for four people and their medicine records. We also looked at provider audits for environment and maintenance checks, Deprivation of Liberty authorisations, two complaints, an overview of the last two months incident and

accident audits, the home improvement plan, staff meeting minutes and 'residents' meeting minutes.

Good

Is the service safe?

Our findings

At the last inspection, the service was rated Good and at this inspection we found the service remained Good.

All people we spoke with felt the home offered a safe environment and had no concerns about their well-being. One person told us, "I'm safe. I'm looked after by safe people". People's friends and relatives were confident that people were safe and staff ensured people remained safe.

Care staff we spoke with told us they would report any concerns about people's well-being if they suspected or saw something of concern. Nursing and care staff understood their responsibilities to safeguard people and told us they were confident in the management to ensure people remained safe. The registered manager demonstrated they had acted upon concerns raised by notifying the local authority and CQC as needed.

Where people had risks associated with their care the required equipment had been identified and put in place. One relative told us, "They (staff) hoist and put [person's name] in the wheelchair safely". Where people needed support from staff to maintain their safety staff were available and knew the support and guidance to offer, for example we saw two staff assisting a person to walk. Staff we spoke with knew the type and level of assistance each person required, for example, where people required the aid of hoists or specialist wheel chairs. One person told us, "I do feel safe when I'm in the hoist". Nursing staff understood the health risks and how to support people to remain well, for example attending to clinical needs of residents.

People's care plans contained details of their risk and how care and nursing staff should support people. Staff we spoke with were aware of people who may become anxious or upset, and how to provide their care to support the person to remain safe. Where an incident happened these had been documented and reported to senior staff. Further review had then identified how or why the incident may have occurred and make a referral to other health professionals if needed. One person medicines had been reviewed as a result of reviewing incidents and new medications had improved the person's anxiety and reduce the number of incidents. Staff we spoke with told us when a person's risk changed nursing staff reviewed the person immediately and the care plans. All staff we spoke with told us that any changes were always addressed without delay and they were informed of any changes.

All people we spoke told us staff were available and we saw that staff were available in the communal areas and responded to requests and call bells that people used when they wanted staff. We saw staff assist people without rushing and making sure nothing further was needed. One relative told us, "Always plenty of staff" Nursing staff told us they had time to spend with people and we saw two nursing staff on duty who where able to provide people with medicines and clinical support.

People's dependency levels were used so the management team knew how many staff were needed. This was reviewed weekly by the clinical lead for accuracy and any changes such as end of life care or a discharge

from acute hospital.

All people were supported by nursing staff to take their medicines every day. One person told us "I take medicine seven times a day". Nursing staff who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health. When people needed medicines 'when required' the information had been available alongside the medicine administration records (MAR) folder. The registered manager agreed that further information would be added in relation as to why a medicine may be needed. Where people required a short term course of medicines we saw that these had been ordered and administered. Where a person has been assessed as not having capacity to decide upon their medication options, the provider had a covert medication record in place. This had been agreed through a best interest meeting with involvement from the GP and medical practitioners. People's medicines records were checked frequently by nursing and management team to ensure people had their medicines as prescribed.

The home was clean and odour free and the registered manager had further improvements planned to undertake in relation to the communal decoration of the home. They told us they had considered ways to make a more inclusive environment for people living with dementia. Nursing and care staff we saw used protective equipment, such as gloves and aprons. One staff member told us they used this, "To stop the spread of infection and keep these people safe".

Good

Is the service effective?

Our findings

At the last inspection, the service was rated Good and at this inspection we found the service remained Good.

People that we spoke with were happy that staff understood their care needs well and were able to provide the care they wanted and needed. Care plans showed that people had been supported to have improved health outcomes such as maintain a healthy weight and healed wounds. Relatives said that staff and management were knowledgeable about their loved ones care needs and the support they needed. The nursing staff also provided care in line with current guidance and took advice that had been given by community nursing team and GP's.

Nursing and care staff told us about the needs of people they supported and how they had the knowledge to support and responded accordingly. Staff we spoke with told us the training was focused on both mandatory courses, such as first aid and safe moving and handling and externally recognised qualifications. Nursing staff told us they were offered the choice of developing further with external accredited course in care for example a wound management and syringe driver management and had been signed as competent. All staff received supervision, which they told us supported them in their role and caring for people.

All staff we spoke with they told us that the management team supported them in their role to provide good quality care for people. They told us that in addition to the management team being always available to talk to they also had structured routine meetings and supervisions to talk about their role and responsibilities. The nursing staff used peer group support meetings to discuss clinical knowledge and practice examples.

People provided mixed feedback as to whether they were offered a choice of meals options. The chef provided two main meals at lunchtime and some people told us they were asked the day before for their preferred option. One person told us, "I eat in my room, I prefer to. You get a choice the day before". One relative told us, "[Person's name[always eats in the dining room, they prefer to. I've seen the chef ask residents what they want to eat. The chef is smashing". However, relatives told us they were not always offered and one relative told us, "We haven't seen meal choice offered recently". We saw that people in the dining room were given their meals with little explanation. People were seen to enjoy the meal, but not always offered the choice of more once finished. The provider was given this feedback and told us they would review meal choice consistently for people. Staff understood the need for healthy choices of food and were able to tell us about people's nutritional needs. People had access to drinks during the day or people were able to ask staff for them.

The management and nursing team had developed working relationships with local health and care team in relation to people's care. For example, the community nursing team had attended to provide people with specialised care. The provider had developed a section of the home to provide short term care to people leaving hospital in association with the local Clinical Commissioning Group (CCG). People saw their GP as needed and their professional consultants to review their health and care needs. People's healthcare needs

were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. One relative told us, "A doctor came to see [person name] last week, they [staff] were worried about them". People had seen opticians, dentists and were supported to see their GP when they required it. One person said, "They [medical professionals] have all come in at various times". Records showed where advice had been sought and implemented to maintain or improve people's health conditions.

The communal areas had been identified as needed redecoration with consideration being given to people living with dementia. The home was accessible to people living in the home and people accessed the outside garden area which was secure. People spent their time in the communal lounge or their bedrooms.

People had agreed to their care and support and had signed consent forms where needed. However, in some cases it was not clear from the records if a person had capacity to make decision and had not shown the involvement of the person. The provider agreed to ensure this was clearly recorded. Where a person had been assessed as needing help or support to make a decision in their best interest this had been recorded to show who had been involved and the decision made. Where people had appointed a person to make decisions on their behalf, these had been involved in any decisions made. All staff we spoke with understood the MCA and that all people have the right to make their own decisions. Staff knew they were not able to make decision for a person and would not do something against their wishes.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met. Authorisations were in place and applications had been made to the local authorities where the management team had identified their care and support potentially restricted their liberty on the person.

Good

Is the service caring?

Our findings

At the last inspection, the service was rated Good and at this inspection we found the service remained Good.

People we spoke with told us about how they found living at the home. One person told us, "The staff are friendly they know me now". People told us how the staff were kind, caring and attentive to them. One person told us, "They have a good bunch of carers here". The atmosphere in the communal areas was quiet and calm with staff and people enjoying their time together. We saw people and their family and visitors had developed friendships with the staff. Relatives told us there were no restrictions on visiting.

We saw that visitors were welcomed by staff at the home who took time to chat with them. One relative told us, "They [staff] are wonderful. Lovely set of girls. Seem to understand the residents. We are all like friends". People were comfortable with staff who responded with fondness and spoke about things they were interested in. We saw one staff member chatting to a person about their family and job before they retired".

People told us the staff involved them with the care they wanted daily, such as how much assistance they needed or if they wanted to stay in bed or their bedroom. We saw staff were addressing people with empathy and assuring people being transferred by hoist that they were safe, diverting them with friendly jokes or conversation. One person told us, "We have a joke between us". People told us they were free to spend time where they wanted and their preferences and routines were known and supported. For example, their preferred daily routines were flexible and their choices listened to by staff. One relative told us, "I think they are marvellous, I'd hate her to leave here".

All staff we spoke with were able to tell us people's preferred care routines or told us they always asked the person first. One relative told us, "They went through a questionnaire with them the other week regarding their likes and dislikes. They said they respected people's everyday choices in the amount of assistance they may need and this changed day to day. One person told us, "I get up when I want, dress, wash myself. Go to bed when I like".

People told us about how much support they needed from staff to maintain their independence within in the home. Two people told us staff offered encouragement and guidance when needed. Staff were aware that people's independence varied each day and on how they were feeling. One person told us, "The carers are smashing, they understand what I need".

People received care and support from staff who respected their privacy and people we spoke with felt the level of privacy was good. One person said, "They [staff] are very respectful, close the door and curtains when washing me". One relative told us, "A couple of girls help them to wash and shower. They do it in private". When staff were speaking with people they respected people's personal conversations or request for personal care. One relative told us, "They stay outside whilst they are in the toilet".

Good

Is the service responsive?

Our findings

At the last inspection, the service was rated Good and at this inspection we found the service remained Good.

People we spoke with told us they received the care and support they wanted. One person told us, "Yes, I do feel that I have been involved in my care. They do tell me what's going on with me." In three care plans we looked at, they showed how people's health and well being had been reviewed consistently and improvements were noted in people's weight and skin conditions. Relatives told us they were confident that their family member's health was looked after and were informed of any changes or updates.

People's health matters were addressed either by nursing staff at the home or other professionals. Care staff told us they recorded and reported any changes in people's care needs to the nursing team, who listened and then followed up any concerns. People's needs were discussed when the staff team shift changed and information was recorded and used by staff coming onto their shift to ensure people got the care needed. The nurse leading the shift would share any changes and help manage and direct care staff.

We looked at three people's records which detailed people's current care needs which had been regularly reviewed and noted any changes. These showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual.

People told us about their hobbies and interests and the things they could do day to day and how they choose to take part in group activities. One person told us, "The shows are good". One relative told us, "They do lots of things here. Skittles, entertainers first Monday each month, chair exercises". People were also supported with religious choices and received visits from local churches and had the opportunity to attend the local services. One relative told us, "[person] has never been a hobbies person but she chats a lot to other residents". The registered manager had employed staff dedicated to providing activities alongside spending individual time with people in their rooms. One relative told us, "[Person's name] went to a Mad Hatters Tea Party by taxi last Friday with the activities lady. [Person] hasn't stopped talking about it".

All people and relatives we spoke with said they would talk to any of the staff if they had any concerns. One relative told us, "When I complained about the missing things they took me through the complaints process". People we spoke with told us that they were not aware of the provider's formal complaint procedure. However, one person told us, "I'd go to the office and raise it [complaint] there" and other people would raise matters with staff as needed. All staff and the registered manager said where possible they would deal with issues as they arose. The manager had recorded, investigated and responded to complaint and shared any learning with the staffing team. example included replacing missing items and reminders at staff meetings and supervisions to ensure care documents are accurately completed.

We spoke with nursing staff about how people were supported at the end of their life. They had completed an end of life care plan which was person centred and recorded the wishes of the person in the event of their death in detail. Where completed Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) discussions

had been done in a timely and sensitive manner. The two we looked at had been completed when the person had capacity and in discussion with health professionals. In addition, relatives are invited to visit around the clock, and the home has a family room with a sofa bed where they can stay if they wish to be near to their relative, and meals are offered if required.

The registered manager told us they had recently attended the funeral of a deceased person and had given a eulogy at the service on behalf of the staff at Poplars. The staff were supported in the event of the death of someone they had cared for who had passed away at the home .The staff were supported to speak about the person with each other and talk about their feelings.

Good

Is the service well-led?

Our findings

At the last inspection, the service was rated Good and at this inspection we found the service remained Good.

There was a registered manager in post. 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 and their relatives were complimentary about the management team at the home and the positive relationships that had been developed. We were told by one person, "10/10. Nothing at all, I'm satisfied. They ask me if I am happy. I say I am". One relative told us, " She's [registered manager] lovely, very good ". Another relative said, "She [registered manager] is very good. She does circulate" within the home. People, staff and visiting relatives we spoke with felt everyone in the home worked well together and everyone we spoke with said they would recommend the home to friends and family.

People and their relatives were asked for feedback about the service they received and the way they were looked after. This was done during planned meetings, planned care reviews, and questionnaires. Relatives told us that relatives and residents meetings took place and the minutes and action points were displayed if they were unable to attend. The most recent questionnaires had recently been sent and the provider was in the process of collating the responses.
The staff team told us that the management team and provider made sure people were cared for. Regular staff meetings were held and staff told us they were encouraged to make suggestions and were listened to. The staff team was led by the registered manager and the staff team told us they enjoyed working at the home.

The provider had a range of different measures in place to assess and monitor the quality and safety of all aspects of home life. The registered manager had submitted these audits as reports to the provider. This ensured the provider was aware of how the service was doing and the provider made regular visits to ensure these audits were a true reflection of the home and the care provided. Where shortfalls were identified as a result of the audits, an action plan with timescales was put in place to ensure improvements were made. Any accidents and incidents were reported on and were analysed and investigated to ensure that lessons were learnt, acted upon and that risks were reduced or eliminated where possible. Where required other health team had been referred to such as mental health teams in support of people's care.

The manager's was supported by their regional manager and another registered managers at the provider's other location. They discussed their homes and what had worked well and exchanged ideas for suggested improvements. The registered manager told us they felt this supported them to be aware of changes and information that was up to date and relevant. The number of complaints received by the service were also reported on plus any safeguarding alerts, 'resident' and staff issues. The registered manager attended management meetings with the provider and this again enabled them to share information. In addition

information was shared about events that had happened in their service, outcomes of CQC inspections, feedback following visits by health and social care professionals and other regulatory bodies.

The manager felt supported by the provider to kept their knowledge current. The provider also referred to National Institute for Clinical Excellence (NICE), CQC and Skills for Care for support in guidance about best practice and any changes within the industry. They also worked with specialists with the local area to promote positive working relationships. For example, the local authority commissioners and people's social workers. The manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. This meant we were able to monitor how the service managed these events and would be able to take any action where necessary.