

Tawnylodge Limited

Poplars Nursing and Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 19 February 2016 and was unannounced. At our previous inspection on the 28 January and 2 February 2015 the service was meeting the regulations that we checked but we asked the provider to make some improvements to mental capacity assessments, the quality and variety of food and the activities available to people. At this inspection we saw that the required improvements had been made.

Poplars Nursing and Residential Care Home provides accommodation, nursing and personal care for up to 60 older people who may have dementia. There were 49 people living at the home at the time of our inspection.

There was a registered manager in post. The home is required to have 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 and associated Regulations about how the service is run.

People we spoke with told us they felt safe living in the home. Staff demonstrated a good awareness of the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding potential abuse.

Assessments were in place that identified risks to people's health and safety and care plans directed staff on how to minimise these identified risks. Plans were in place to respond to emergencies to ensure people were supported appropriately. Care staff told us they had all the equipment they needed to assist people safely and understood about people's individual risks. The provider checked that the equipment was regularly serviced to ensure it was safe to use.

Checks were carried out prior to staff starting work to ensure their suitability to work with people and staffing levels were monitored to ensure people's needs were met. Staff were knowledgeable about people's care and support and understood what constituted abuse or poor practice and processes were in place to protect people from the risk of harm. People were supported to take their medicine as and when needed. Staff received training to meet the needs of people they supported and supervision, to support and develop their skills.

People received food and drink that met their nutritional needs and were referred to healthcare professionals to maintain their health and wellbeing. Where people lacked capacity in certain areas, capacity assessments had been completed to show how people were supported to make those decisions. When people were being unlawfully restricted this had been considered and Deprivation of Liberty Safeguards (DoLS) applications had been made to ensure people's rights were protected. Staff gained people's verbal consent before supporting them with any care tasks and promoted people to make

decisions.

People were able to take part in social activities. People told us that they liked the staff and we saw that people's dignity and privacy was respected by the staff team. Visitors told us that the staff made them feel welcome and were approachable.

Staff listened to people's views and they knew how to make a complaint or raise concerns. There were processes in place for people and their relatives to express their views and opinions about the service provided. People felt the service was well managed and they were asked to express their views and be involved in decisions related to the planning of their care. There were systems in place to monitor the quality of the service to enable the manager and provider to drive improvement.

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.

Staff understood their responsibilities to keep people safe from harm. Risks to people's health and welfare were identified and managed. The recruitment practices in place checked staff's suitability to work with people. There were appropriate arrangements in place to minimise risks to people's safety in relation to the premises and equipment.

Is the service effective?

Good ●

The service was effective.

People were supported by suitably skilled and experienced staff. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They obtained people's consent before they delivered care and assessments were clear regarding people's capacity to make decisions. People's nutritional needs were met and monitored appropriately. People were supported to maintain good health and to access other healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

People told us they liked the staff. People were supported in their preferred way by staff who knew them well. People's visitors told us they were involved in discussions about how their relatives were cared for and supported. People's privacy and dignity was respected and their relatives and friends were free to visit them at any time.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs were met. People and their relatives were involved in discussions about how they were cared for and supported. Complaints were responded to appropriately. The provider's complaints policy and procedure was accessible to

people who lived at the home and their relatives.

Is the service well-led?

Good ●

The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. People told us the registered manager was approachable. There were quality assurance checks in place to monitor and improve the service.

Poplars Nursing and Residential Care 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.

We carried out this inspection on 19 February 2016. The inspection was carried out by one inspector.

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. As part of our planning we reviewed the information in the PIR. We reviewed other information we held about the service. This included statutory notifications the registered manager had sent us. We looked at information received from people that used the service and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with ten people that used the service, five people's visitors, six members of staff and the registered manager. We observed care and support being delivered in communal areas and we observed how people were supported at lunch time.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. We used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care plans for four people. We checked three staff files to see how staff were recruited, trained and supported to meet people's needs. We reviewed management records of the checks the

registered manager made to assure themselves people received a quality service.

Is the service safe?

Our findings

People who used the service and their visitors told us they felt safe. One person told us, "It's very nice here, I always feel safe because if I need anything the staff are around to help me." Another person told us, "I wasn't safe at home on my own. Now I feel safe, the staff are great, it's a lovely place." One person's visitor told us, "This home has a good reputation and I see why, the staff are marvellous and I can't fault the care my relative gets."

People had access to information about the local authority safeguarding arrangements, as this was displayed on the notice board by the registered manager's office. Records showed that staff attended safeguarding training and learnt about the whistleblowing policy during their induction. The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff told us, "It's our job to keep people safe. If I had any concerns I would report them to the manager." Staff told us they were aware of whistleblowing policy and knew they could contact external agencies such as the local authority or the care quality commission.

The care plans we looked at demonstrated that the registered manager assessed risks to people's health and wellbeing. Where risks were identified, care plans described how staff should minimise the identified risk. The staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. Staff confirmed they had all the equipment they needed to assist people, and that the equipment was well maintained. The maintenance records showed that all of the equipment used was serviced and maintained as required to ensure it was in good working order and safe for people.

We saw that a planned programme of checks was also in place for the servicing and maintenance of fire alarm systems, water systems and water temperatures and call bells. This meant the provider took appropriate actions to minimise risks related to the premises and equipment.

Plans were in place to provide staff with information on how to support people in the event of an emergency such as a fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs.

Our observations showed there were enough staff to meet people's needs. Staff were available to support people with care tasks and call bells were responded to in a timely way. People did not raise any concerns regarding the staffing levels in place to support them. One person said, "The staff are available when I need them." Another person said, "The staff aren't always in this lounge with us, but just like when you're in your bedroom, you press the buzzer and someone comes along, although they do keep popping in to check on us."

The manager checked staff's suitability to deliver care before they started work. Staff told us they were unable to start work until all of the required checks had been completed by the provider. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS)

checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

People told us they were supported to take their medicines and confirmed that they received these as prescribed. We observed staff administering people's medicines. People were given a drink and time to take their medicines whilst the staff member stayed with them to ensure medicine had been taken before recording this. We saw that medicines were stored appropriately and records were in place to ensure people received their medicines as prescribed.

Is the service effective?

Our findings

We received positive comments about the staff team. One relative told us, "I think the staff here are marvellous, they are skilled and understand how to look after people. I can't praise them enough. My relative is very happy here."

People received care from staff that were supported to be effective in their role. Staff we spoke with told us their induction included reading care plans, training and shadowing experienced staff. Staff told us they received training and support that enabled them to meet people's needs. One member of staff told us, "The training has improved a lot, the training coordinator is really good. There used to be a lot of exam style training which I didn't like, now there's more discussion as a group." We found staff's descriptions of how they cared for and supported people matched what we read in their care plans. This showed us that staff understood people's needs and abilities.

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. At our last inspection in February 2015 we saw that improvements were needed to ensure people's legal rights under MCA were assessed correctly. At this inspection we saw that where people lacked capacity, assessments were in place that clearly identified people's capacity to make decisions and the support that they needed to ensure decisions were made in their best interests. We saw that staff gained people's verbal consent before assisting them with any care tasks and supported people to make decisions, such as making choices of food and drink and participating in activities. This demonstrated staff respected people's rights to make their own decisions when possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection the manager confirmed that no DoLS authorisation were in place and 26 applications had been made to the Supervisory Body and were awaiting an outcome. This showed the registered manager ensured that where people were being restricted in their best interests, this was done in accordance with the MCA.

At our last inspection in February 2015 we found that improvements were needed to the quality and variety of the meals provided. At this inspection people we spoke with said they enjoyed the food and were very happy with the quality and quantity of food provided. Comments included, "The food is nice, there is plenty of choice." And "The food is very nice, don't think I've ever had something I didn't like." We saw and the manager confirmed that whilst people were waiting for everyone to be seated in the dining area, the activities coordinators spent time chatting with people. This appeared to work well and created a sociable environment. We observed the lunch time meal and saw that staff supported people with their meal as

needed. We saw that meal times were not rushed and were a relaxed experience for people.

The care plans we looked at included an assessment of the people's nutritional risks. Where assessments identified people were at nutritional risk the care plans provided clear instructions to staff on how to support people. We saw that daily monitoring charts were in place and completed to ensure people could be referred to specialist service as needed.

We saw that people's health care needs were monitored and met as referrals were made to the appropriate health care professionals when needed. People we spoke with confirmed this, one person said, " I was really poorly when I came in but now thanks to the staff here I am so much better." We saw from records that people were seen by doctors, opticians and chiropodists. Relatives confirmed they were kept informed of any changes in their family member's health or other matters. One relative told us, " If anything happens, however small the staff ring me. I never get any surprises. That's important to me, it reassures me."

Is the service caring?

Our findings

People and their visitors told us they liked the staff. One person's visitor said, "I don't think there could be any improvements, all the staff are very good, very caring." People appeared comfortable with the staff that supported them. Staff demonstrated a good understanding of people's needs and treated people with respect and in a kind and caring way.

We observed there were positive and caring relationships between people who used the service and staff. We saw staff treated people with respect and in a kind and caring way. For example we saw that when people had not understood what was being said to them staff gently repeated this and gave the person time to respond.

People and their relatives confirmed that they were involved in reviews of their care. One relative told us, "We have meetings with the manager, to go through the care plan." This showed us there was an open and inclusive approach to the support people received.

We saw that people's dignity was promoted by staff when they received care and support. For example, when asking people if they needed to use the toilet, staff asked them quietly and discreetly, to ensure other people could not overhear. When people were supported to transfer using equipment such as hoists, the staff ensured they were covered to ensure their dignity was promoted. We heard staff explain what they were doing and they checked that the person was comfortable throughout the procedure. This showed us that staff treated people respectfully and with consideration.

People and their relatives told us there were no restrictions on visiting. One relative told us, "Whenever I come I am made very welcome, it's like my second home." Another relative said, "I come at different times of the day and the staff always ask me how I am, it's a lovely place."

Is the service responsive?

Our findings

People told us they enjoyed the activities provided. One person told us, " I don't join in with everything because I like my own space but if there's something I fancy I join in." Improvements had been made to the amount of activities available to people at the home. Three activities coordinators were now employed to support people. We spoke with one of the activities coordinators who told us, " Today is film day in two of the lounges, we go round with choc ices, like they used to in the cinema. Everyone seems to enjoy that." The activities coordinator told us about the variety of activities available both in group format and on a one to one basis, such as quiz mornings, family bingo where people's relatives were invited to take part, racing days including Cheltenham and the Grand National , and arts and crafts activities. We saw that the dining tables had floral table displays on. One person told us, " We made them with one of the activities people, I've never done anything like that before, so I'm quite proud, they look really professional."

A daily newsletter was provided for people living at the home. This included historical facts and reminiscence topics, along with quizzes and memory games. We saw that the daily newsletters were available for people within communal areas. One person told us, " They are quite interesting and informative".

Information was recorded regarding people's likes and dislikes and their life history. This information included people's past interests and hobbies and supported the three activities coordinators to plan activities that met people's preferences. We saw that care plans were reviewed on a regular basis to ensure staff had up to date information to follow regarding people's current support needs.

People we spoke with and their relatives told us that if they had any complaints they would report them to the manager . We saw there was a copy of the complaints policy on display in the home Records were kept of complaints received which showed they had been addressed.

Is the service well-led?

Our findings

The registered manager conducted one to one meetings with people and their relatives. People's relatives told us they could approach the staff, including the management team to raise any issues and confirmed their views were taken into account at these one to one meetings. This demonstrated that the registered manager provided opportunities for relatives to discuss any issues or suggestions to improve the support their relative received.

We saw that people were given the opportunity to express their views regarding the running of the home. This was done through satisfaction questionnaires, which were sent out to people who used the service and their relatives. We saw that questionnaires had been sent out in September 2015 although none were returned. The manager confirmed that surveys had recently been sent out and at the time of our inspection none had been returned.

People and their visitors told us that the registered manager was approachable and accessible to them. One visitor told us, " Can't fault her, she always has time to see me, if I need to discuss anything and she sorts any issues out." Another visitor said, " I think this is an extremely well run home, no question about it. If there any issues, they get sorted."

The staff we spoke with told us that the management team were supportive. One staff member told us the management team were all visible and approachable. Staff told us the general communication and support within the staff team was good. One member of staff said, " We all work together, It's a nice place to work."

The provider had implemented the Alzheimer's Society 50 point checklist. The purpose of the checklist was to focus on inspiring and improving culture change in dementia care. We saw that certain elements of the check list had been put in place at the home. For example staff uniforms were not worn at the home. The reason given for this is that 'staff looked like 'best friends' and not like nurses in charge.' We saw that the provider was using the Dementia Care Matters guidance from the Alzheimer's Society to measure and review the support given to people living with dementia. This had resulted in moving the accommodation for people living with dementia to the ground floor, for example to ensure people had easy access to the garden area. Staff working with people living with dementia told us this had been a positive move. One member of staff said, " It is so much better now, especially in the warmer weather. People can go out into the garden independently as it's secure."

The registered manager kept a record of the checks they made of the quality of the care, this included health and safety, infection control, medicines management, maintenance and care plan reviews. We saw that audits had been completed and improvements made where actions had been identified. For example the medicines audit for February had identified that some medicines requiring cold storage had not been dated on opening. This is needed as these medicines have a short shelf life once opened. We saw that this had been rechecked and showed that this had been done. This showed us that continuous monitoring was undertaken to identify where improvements were needed and address these.