

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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Poplars Nursing and Residential Care Home is a care home providing personal and nursing care for up to 60 people. The home is an adapted building with support provided over two floors with multiple communal lounges for people to use. The service was supporting 46 people aged 65 and over at the time of the inspection.

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

Quality assurance tools had not always identified and taken action where improvements were required at the service. Relatives did not always feel communication was effective around people's healthcare needs.

People were supported by enough staff to meet their needs in a safe way. People were supported by trained staff. People were supported in a clean environment by staff who understood infection control practices. People received their oral medicines as they were prescribed.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to eat and drink in line with their needs and preferences. People had access to healthcare professionals when they needed them.

People were supported by caring staff who knew them well. People were supported to make choices around their care. People's dignity and privacy was respected. People were encouraged to remain independent.

People's preferences were recorded within their care plans. People were supported by staff who understood their communication needs. People had access to a variety of activities both inside and outside of the home. People and their relatives were able to complain and were confident their concerns would be listened to.

Improvements were ongoing at the home and the registered manager was committed to continue to make these improvements. People, relatives and staff had the opportunity to offer feedback about the service.

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 and update

The last rating for this service was requires improvement (published 10 January 2020).

### Why we inspected

This inspection was prompted by a review of the information we held about this service and feedback shared by the Local Authority.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Poplars Nursing and Residential Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services .

#### Inspection team

The inspection was completed by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Poplars Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Poplars Nursing and Residential Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 6 people who lived at home and 6 of their relatives. We spoke with 7 members of staff including the registered manager, quality assurance manager, nominated individual, nursing and care staff. We also spoke with administration staff and maintenance staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 7 people's care records and multiple medicines records. We also reviewed records relating to training, recruitment, quality assurance and complaints.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People prescribed topical medicines did not always have records to reflect they received these as required. We raised this with the registered manager who was already aware of this concern.
- People received their medicines as prescribed by trained staff. We saw staff completed documentation to confirm people's oral medicines had been administered.
- Medicines were securely stored at temperatures within the manufacturer's guidelines.

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

- People were supported by staff who understood the different types of abuse.
- People and their relatives told us they felt safe. One relative told us, "[Person's name] is completely safe here."
- Where potential safeguarding concerns arose, the registered manager investigated these and reported to the Local Authority for their review.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place which explored their known risks and gave staff clear guidance to reduce these risks. For example, people at risk of falls had falls risk assessments with actions to be taken to reduce future falls.
- Accidents and incidents were reviewed and action was taken where things had gone wrong. For example, where there were changes to people's skin condition, they were referred to their GP and tissue viability nurses.
- Where people experienced episodes of distress, there was guidance in place for staff to enable them to safely support the person and mitigate any risks or further distress. For example, people's care plans detailed they had been referred to community mental health teams for specialist support.

### Staffing and recruitment

- There were sufficient staff to meet people's needs. For example, we saw people did not have to wait for their care and support.
- Staff told us staffing had improved since our last inspection. One staff member told us, "There has been a drastic improvement [in staffing]."
- The registered manager told us recruitment of staff had been challenging so they had engaged in a sponsorship program for overseas staff. This had improved staffing at the service and provided people with more consistent care.
- Staff were recruited safely which ensured people were supported by suitable staff who were able to meet

their needs. Disclosure and Barring Service (DBS) checks were undertaken and gaps in employment history were checked prior to staff commencing employment.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to have visitors in line with their wishes.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection people's diverse needs were not always considered fully in the assessment process. However, at this inspection we found improvements had been made. For example, people's religion, gender and sexuality was recorded within their care plans.
- People and their relatives were involved in the review of their care. For example, we saw evidence people and relatives had been invited to and contributed to reviews of their care. However, not all relatives we spoke with were aware of how these contributions were used to formulate people's care plans. We raised this with the registered manager who advised they would ensure this process was clearer for people and their relatives.
- People's needs were assessed prior to them receiving care and support at the home. This meant staff had clear guidance in place to enable them to meet people's needs.
- People's care plans included their health and social care needs and staff ensured people received care in line with these.

Staff support: induction, training, skills and experience

- At our last inspection people and their relatives gave us mixed feedback about the high use of agency staff at the home and their knowledge of people's needs. At this inspection, whilst there remained a high use of agency staff, feedback had improved and all agency staff who worked at the service had been there sometime.
- Staff received an induction and training prior to starting their role.
- Staff received a mixture of online and in-house training which they described as 'good'. One staff member told us, "Training is ok here. We have a good trainer who has worked here a long time."
- The registered manager checked staff competencies to ensure their training remained effective and up to date.

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

- At the last inspection people did not always receive choice around their meals and did not always receive the support they required during mealtimes. At this inspection we found improvements had been made.
- People were supported to eat in line with their needs and preferences. For example, we saw people who required additional support with their diet received this.
- People who required alternative diets received these to enable them to eat safely. For example, we saw people eating a variety of diets including pureed and bite size diets.

- People's weights were monitored and action was taken where there were concerns. For example, people were referred to speech and language therapists and dieticians.

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

- People had access to a range of health professionals where they needed them. For example, people had access to specialist nurses such as community mental health and Parkinson's nurses.
- People's care plans were updated following advice from healthcare professionals. For example, following a person having a choking incident, their care plan was updated with advice from their GP and speech and language health professionals.
- The registered manager used regular agency staff to support staffing within the home. These agency staff were consistent and worked alongside regular staff to understand people's changing needs.

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

- The home was spacious with communal areas to suit people's needs. For example, the registered manager had identified when a person was experiencing emotional distress they needed a safe space to relax in. This person had a room close to their bedroom they could use which was decorated to meet their needs.
- People were able to personalise their rooms to make them feel homely in line with their preferences.
- The provider had pictorial signage and people's names on their doors to support them to orientate themselves around the home.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported by trained staff who understood and followed the principles of the MCA. For example, people were asked for their consent prior to staff supporting them. One staff member told us, "I've done the training for MCA and we always assume that people have capacity first."
- People had decision specific capacity assessments and best interests decisions completed where these were required. These assessments involved the people and those close to them where appropriate.
- Where people lacked capacity to consent to their care, the registered manager had applied for DoLS from the local authority.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by kind and caring staff. For example, a person living with dementia was holding a doll which they believed was their baby. When the person passed the doll to a staff member they engaged with the person and the doll in a way which made the person smile and feel relaxed.
- People's protected characteristics were recorded within their care plans and staff were aware of these.
- Relatives gave positive feedback about staff and their approach. One relative told us, "The staff are very kind and attentive."

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

- People were supported to make decisions around their day to day care. For example, someone who had dementia could choose where to spend their time. Some people came downstairs and spent time with other in communal areas and other people chose to remain in their bedrooms.
- People were offered choice around their clothing and personal care. For example, whether people would prefer a male or female staff member to support them with personal care.
- People's preferences for their care were recorded within their care records. For example, one person's care plan stated they liked their own company to watch films and speak with their family.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection we found people's dignity was not always respected at meal times and the language staff used in relation to people was not respectful. At this inspection we found improvements had been made.
- People were supported by staff who understood how to promote their independence. For example, people had access to their walking aids to enable them to move freely should they wish to.
- People were supported by staff who knew how to maintain people's privacy. For example, when a person was sleeping, staff placed a blanket over them to protect their dignity.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- At our last inspection people did not always have access to care and support in line with their preferences. At this inspection we found improvements had been made.
- People's preferences were respected and people received their care in line with these. One staff member told us, "We know people very well." One relative told us, "Staff are getting to know [persons name's] likes and dislikes very well."
- Relatives told us the registered manager encouraged them to complete a comprehensive document when people were admitted to the home. This helped staff understand people's life histories, choices and wishes.
- People's care plans were personalised and reflected their choices and preferences. For example, people's dietary preferences were included with their care plans along with guidance for staff on how to meet these.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans which explored their needs and gave clear guidance to staff on how to meet these. For example, whether people used glasses and hearing aids and how people preferred staff to speak with them.
- People had access to a range of information in formats which they understood. For example, people could access information in large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in activities of their choice. For example, people were supported to participate in crafts and chair based exercise on the day of our inspection. We saw a variety of different activities were being offered on an activities board for people to engage in should they wish to.
- People were supported to engage in activities outside the home should they wish to. These included trips to shopping centres, cafes and garden centres.
- The registered manager had engaged with a local café to ensure they had the right cutlery and crockery to maintain people's independence should they visit.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to complain and knew the process of doing this.
- The registered manager took prompt action where concerns were raised. All concerns were investigated in full with those complaining receiving a response to their concerns.

End of life care and support

- People had end of life care plans which explored their preferences for the end of their lives. For example, people had shared their wishes for family support at this time.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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; Continuous learning and improving care

- Quality assurance tools had not identified or addressed areas of improvement we found at this inspection. For example, a person who had epilepsy did not have specific guidance in place for staff on how to meet these needs.
- The registered manager had an action plan which identified areas where improvements were ongoing at the service. However, some concerns had not been actioned for a number of months. For example, an audit in June 2022 identified staff were not always completing people's topical medicines records to show these had been administered. However, at this inspection we found this was a continued concern.
- Quality assurance tools had identified and actioned areas of improvement we found were required at our last inspection across the service. For example, improvements had been made to people's mealtime experience since our last inspection.
- The manager was aware of their statutory responsibilities. Statutory notifications had been submitted to CQC and the last inspection rating was clearly visible on display at the home.
- The registered manager worked with us during and following our inspection to make improvements within the home and was committed to continue to embed improvements into practice.

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

- People and their relatives gave mixed feedback about the registered manager. One relative told us, "During the time [Person's name] has been here there have been 3 managers, it's certainly better when [the registered manager] is here." Another relative told us, "I'm not sure what's happening with anything."
- Other relatives told us staff did not always share updates with them in relation to concerns about people's healthcare and appointments. We raised this with the registered manager who told us they had communicated with people's relatives but would ensure all communications moving forward were documented.
- Staff also gave positive feedback about the registered manager. One staff member told us, "The registered manager is very good and brings out the best in you."
- The registered manager was present and approachable throughout the home. They were well supported by the wider management team to ensure improvements were ongoing.

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 provider understood their responsibility of duty of candour and was meeting this. For example, the registered manager was transparent with people and their relatives and apologised where things had gone wrong.

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

- Relatives and staff were encouraged to give feedback via questionnaires. However, relatives had given feedback about communication requiring improvements within the home in April 2022. At this inspection we found relatives feedback remained the same.
- People and their relatives were encouraged to share feedback about their care by the registered manager. For example, people and their relatives had been invited to contribute to reviews of their care.
- Staff had supervisions and team meetings where they had the opportunity to provide input regarding the service.

Working in partnership with others

- People had access to a range of health and social care professionals where they needed them. Professionals we spoke with gave positive feedback about how the home worked with them to support people's needs in a timely way.