Aspire Healthcare Limited

Poplar Lodge

Inspection report

Wards End
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Date of inspection visit:
03 April 2017

Date of publication:
19 May 2017

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 3 April 2017 and was unannounced. This meant the staff and provider did not know we would be visiting.

Poplar Lodge provides care and accommodation for up to nine people who have a forensic learning disability and may present a risk of harm to themselves or others. On the day of our inspection there were eight people using the service.

The service had a registered manager in place.

We last inspected the service in December 2014 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

People told us they felt safe. Staff we spoke with were knowledgeable about safeguarding procedures and external professionals raised no concerns regarding people's safety or how the service managed public protection considerations. We saw information about how to keep people safe was clearly displayed.

People who used the service and staff we spoke with told us that there were enough staff on duty to keep people safe and meet people's needs and we found this to be the case.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum 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.

Individual care plans contained risk assessments which were reviewed regularly. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. Staff liaised regularly with a range of external agencies and professionals to keep people safe and meet their needs.

Staff had received a range of training, including mandatory courses such as safeguarding, fire safety, infection control and food hygiene as well as specific training to meet people's needs, such as Positive Behaviour Support (PBS) and challenging behaviour awareness.

There was a regular programme of staff supervision and appraisals in place, as well as regular staff meetings.

The service encouraged people to maintain their independence. People were supported to be involved in the local community and access regular activities.

There was a system in place for dealing with people's concerns and complaints. People we spoke with knew how to complain and felt confident that the staff or registered manager and provider would respond and take action to support them. Complaints were treated seriously and responded to appropriately by the registered manager.

People were encouraged to choose healthy food options and helped in the kitchen regularly. People confirmed they had a choice of meals and were involved in menu planning.

Detailed care plans were in place which had regard to people's medical and personal needs, life histories, preferences and risks. Staff demonstrated a good knowledge of people's needs and we saw people were involved in regular reviews of care plans and risk assessments.

We found that people received their medicines safely and there were clear guidelines in place for staff to follow.

We found that the building was clean, appropriate for people's needs and had ample outdoor space that had been meaningfully adapted to encourage people's interests in horticulture and other outdoor activities. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety requirements were met. We saw that audits of infection control practices were completed.

Senior carers and the registered manager used a range of quality audits to scrutinise the service. The registered manager also regularly invited people to give their opinions on how well the service was performing.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to notifying CQC and other agencies of relevant incidents and this had been done consistently.

The registered manager had developed and maintained a person-centred culture that balanced the need to manage risks effectively with the need to respect and encourage people's independence and rights.

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

Poplar Lodge

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 April 2017 and was unannounced. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, complaints, safeguarding information and notifications. A notification is information about important events which the service is required to send to the Commission by law.

We also contacted professionals involved in caring for people who used the service, including commissioners, social workers, safeguarding staff and the local infection control team. Information provided by these professionals was used to inform the inspection. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we spoke with five people who used the service, two relatives and one social care professional. We also spoke with the registered manager and three care staff.

We looked at the care records of three people who used the service. We looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at Poplar Lodge and we observed people behaving in a relaxed, trusting manner with staff throughout the inspection. One person who used the service told us, "It's canny – there are no problems and the staff look after you."

Relatives and external professionals we spoke with raised no concerns about the ability of staff to keep people safe from the risks they faced, and also how the service managed any risks they may present. One relative told us, "They keep [person] safe from the kind of harm he's got into in the past. They take any concerns seriously and they get on top of things quickly – there are no negatives as far as I'm concerned." One external professional told us, "In terms of safeguarding they have always alerted us to anything promptly."

We discussed staffing levels with the registered manager and saw there were sufficient numbers of staff on duty to keep people safe and to ensure they had safe access to the community. Staff confirmed they had only used agency staff rarely in the past and that staff were flexible and able to cover any unexpected absences. During our inspection we observed staff rearranging a shift in order to ensure people received care from staff they knew well. People who used the service, relatives, and external professionals did not raise any concerns regarding staffing levels at the home. We observed people raising a number of queries with staff during the inspection and saw there were adequate staff to meet people's needs. This meant people were not put at risk due to understaffing.

The registered manager carried out relevant security and identification checks when they employed staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), written references and proof of identification. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable groups.

We reviewed a recent action plan sent to the registered manager by the local infection control team, who had identified a small number of areas that required improvement. We saw these areas had been acted upon by the registered manager. We found all areas of the home, including people's rooms, kitchen, laundry and communal areas to be clean. Whilst bathrooms would benefit from refurbishment we found them to be clean and in good order.

Accidents and incidents, involving both people who used the service and staff, were appropriately recorded and risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk.

Risk assessments included medication, physical problems, self-harming, violence, and health and safety. Risk assessments were reviewed monthly and we found them to be person-centred. We found risk management was comprehensive whilst successfully balancing the need for people to enjoy individual

freedoms with the need to protect them and others from the risk of harm. The risks assessments and any associated plans, for example, one person's 'Keep Safe' table, which gave them pointers on what warning signs to be mindful of, were reviewed at least monthly with the person who used the service. This meant the registered manager ensured people were actively involved in their own risk management.

We found the registered manager and all staff we spoke with understood their responsibilities with regard to safeguarding and staff had been trained in how to protect vulnerable people. Information such as local safeguarding contact numbers and procedures were readily available for staff.

Safeguarding incidents were well documented and there was clear evidence of discussions between staff and relevant external agencies, such as the police, the local safeguarding team and Multi Agency Public Protection Arrangements (MAPPA) contacts.

With regard to the premises we saw hot water temperature checks had been carried out, as had portable appliance testing (PAT), gas servicing, periodic electrical testing, fire equipment checks, fire drills and emergency lighting tests. We also saw people who used the service had Personal Emergency Evacuation Plans (PEEPs) in place. This meant appropriate checks and records were in place to protect people in the event of a fire or other emergency, and that people were not put at risk due to poor upkeep of the premises.

We saw people's finances were rigorously checked, with the day shift and night shift each performing a reconciliation of people's finances, which were securely stored in a separate room and regularly audited.

We looked at medicines administration and found this to be safe. For example, controlled drugs were kept securely, in a separately locked cabinet within the medicines wall cabinet. Controlled drugs are medicines that are liable to misuse or theft. We checked a sample of the controlled drugs and found it corresponded with the information in the relevant log book. Room temperatures were recorded each day and were within safe limits. We saw the thermometer had broken that day and a replacement was sought immediately.

We saw two people's medication administration records did not contain their photographs. The registered manager explained that these people had recently moved to the service and committed to updating the records with photographs urgently. Staff knowledge of people's medicinal needs was good and in line with respective care plans. For example, one person was prescribed a sedative medicine 'when required.' We saw this prescription was supported by a specific plan which told staff when they might need to administer the medicine and what other strategies could be used to avoid the use of the medicine. We observed staff acting in line with this plan during the inspection. One person who used the service requested the medicine but, having discussed it with staff, agreed they would find a walk out and an ice cream more calming. This also meant they were able to participate in the evening activities, which would not have been possible had they taken the medicine. Staff therefore had clear, person-centred instructions regarding people's medicines and acted on these instructions to ensure people were not at risk of over-medication.

We saw staff competency with regard to medicines was reviewed regularly by the registered manager, whilst regular audits of medicines ensured errors were identified before they became more serious issues.

Good

Is the service effective?

Our findings

People who used the service told us, for example, "It's nice here – the staff help you get on" and, "Oh yes, they're no bother," whilst we observed staff demonstrating a good knowledge of people's needs throughout the inspection.

One relative told us, "He is stable now. He needs support from people who know what they are doing and he gets that." Another told us, "They're very good, they bring him along."

One social care professional we spoke with told us that staff, "Help deliver good service user outcomes." They said, "Staffing seems settled" and that the service was, "Performing well." Another told us about how one person had successfully developed and maintained their independence at Poplar Lodge and had since moved to a location closer to their home, following multi-disciplinary meetings and discussions with the person. This meant there was a consensus of opinion that people who used the service achieved positive health and wellbeing outcomes through the support of appropriately skilled and experienced staff.

People who used the service received effective care and support from staff who were trained in relevant areas and supported appropriately by their managers. Staff had received a range of training the provider considered mandatory, such as health and safety, food hygiene, mental capacity, infection control, safeguarding, challenging behaviour and medicines administration. These consisted of online courses, whilst other training specific to people's needs and behaviours, such as breakaway training, was delivered face to face. Breakaway training gives staff the ability to remove themselves from an aggressive or threatening situation.

The registered manager was able to demonstrate how they monitored staff training needs and ensured staff kept their training up to date via the online system. Staff who were new to social care had completed the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Staff had also recently attended Positive Behaviour Support (PBS) training. PBS is an approach used to support people with learning disabilities who display behaviour that might be challenging. PBS is a means of positively encouraging people to engage in meaningful behaviours rather than relying on methods such as restraint. Staff we spoke with demonstrated a good knowledge of the course and we saw the registered manager had also worked closely with the Forensic Learning Disability team to review their use of ABC charts. ABC charts are observational tools that allow staff to record information about a particular behaviour, and then analyse that information to understand people's needs better. This meant staff were well supported in their role through the ongoing provision of relevant training.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff we spoke with confirmed these were meaningful two-way conversations that helped them perform their role.

Staff meetings were held regularly and we found they covered a range of relevant subjects and were used as a means of sharing best practice and important messages. For example, we saw the registered manager and senior carer had recently been trained in the administering of a newly prescribed medicine, which had a range of adverse side-effects if not administered properly. The registered manager had invited the nurse trainer to attend the next team meeting to ensure all staff were aware of the risks. Staff we spoke with agreed team meetings were useful forums and felt informed about developments at the service.

People who used the service were supported with their dietary needs and had access to the kitchen, under supervision where required. We saw there was a four weekly menu in place with options at each meal and that this menu was agreed at monthly residents' meetings. Nobody who used the service required a specialised diet but we saw people who were at risk of health complications through obesity had healthy eating plans in place. We also saw people's weight was monitored regularly. People who used the service told us the food was good and that there were a number of options. They also confirmed they were encouraged to make snacks, sandwiches, drinks and bake and we observed people making their own snacks during the inspection. We also saw photographs of recent baking afternoons.

The service had two chickens in a coop at the rear of the service and people who used the service helped retrieve the eggs and make food with them. One member of staff told us they were looking into whether they could become more sustainable by using the large grounds for growing more vegetables than the potatoes recently planted.

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. 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 found appropriate DoLS applications had been made, whilst the registered manager displayed a good understanding of the MCA.

Consent to care and treatment had been given by people who used the service. We saw where risk management plans and care plans were reviewed, this was in conversation with and with the consent of people who used the service.

We saw comprehensive evidence of ongoing support from a range of healthcare services, such as GPs, psychologists, dentist and opticians. This meant people were supported to access primary health care services where they required them.

With regard to the premises, we saw it was well suited to the needs of people who used the service, with two lounge/dining areas, two bathrooms, additional toilets and ample outdoor space, which included greenhouses and areas of land for people to plant flowers and crops. There was also an outbuilding which housed a pool table, although this had not been in use for a number of months due to the risk of pest infestation. We saw the registered manager had raised this with the provider and was awaiting confirmation of when the issue would be resolved.

Good

Is the service caring?

Our findings

On arrival we saw people who used the service were actively engaged in a range of activities and interacting positively with staff. One person who used the service took us on a tour of the home and confirmed they "Got on well" with all staff. They said, "It's a nice home" and took pride in the surroundings which they helped maintain. Throughout the inspection we observed staff treating people who used the service with respect and patience. Likewise, we saw people who used the service felt comfortable knocking on the door and entering the registered manager's office, speaking at ease and at length about a range of issues important to them. The registered manager and other staff took a genuine interest in the wellbeing of people who used the service, and sought to help them achieve outcomes they were happy with.

We observed jokes between people who used the service and staff, and found there to be a strong bond between them. Relatives we spoke with told us, "It's great, absolutely great the way the staff are with him. He has a lot of problems but they are great," and, "He gets on well with the staff and the others there." The registered manager told us they were keen to ensure people who used the service built and maintained strong peer relationships with others who used the service and we saw evidence of this during our inspection.

We saw staff treating people who used the service with dignity and respect throughout inspection, for example knocking on bedroom doors and asking permission before entering people's rooms, and asking people what outcomes they would like when in conversations with people. We observed people being encouraged and empowered to make individual decisions. People who used the service told us staff treated them with respect.

There was evidence that staff treated people as individuals and supported them to maintain their independence. One person who used the service told us, "I can do what I like – I like to keep myself busy and they help me." Care plans reflected this focus on independence. Plans helped staff to help people maintain their independence by setting out how to support them, for example, to access the community, to pursue hobbies and to help with the maintenance of the premises.

During our inspection one person wanted to travel to another town. Staff spoke with them about the destination, their plans and when they planned to return. In the person's care plan we saw a specific public transport care plan which contained instructions to staff about obtaining this information prior to the person travelling. This meant staff acted according to detailed care plans to ensure people were supported to make their own choices, but also that they remained aware of the terms of those choices, as agreed in conjunction with staff.

We saw bedrooms were individually decorated and contained people's own furniture and personal possessions. One person was fascinated by Native American art and we saw this decorated the walls, whilst another person was a keen Middlesbrough football fan and we saw their room was decorated as such. This meant people were encouraged to treat the service as a home.

We saw nobody using the service currently had an advocate in place. The service's literature signposted people to such services and it was clear through conversations with people and their relatives that they were supported to access as much advocacy as they felt they required.

The registered manager displayed a good understanding of confidentiality issues, and that these could not be treated with a blanket policy. For example, people who used the service would at times be comfortable sharing all details of their care with their relatives, though at other times people did not want specific details sharing. The registered manager told us they planned to review confidentiality procedures and ensure staff were subsequently retrained.

Whilst the service did not currently care for anyone approaching the end of their life, we saw staff had previously received end of life training when a person moved to the service close to the end of their lives. This demonstrated the registered manager was aware of the need for specific tailored approaches to supporting people compassionately at the end of their lives.

Good

Is the service responsive?

Our findings

We saw people's needs were assessed before they started using the service and were regularly reviewed thereafter, in liaison with external professionals such as the Forensic Learning Disability team and social workers, where appropriate. This ensured staff knew about people's needs before they moved into Poplar Lodge and also that any changing needs could be identified and acted upon promptly.

One external professional we spoke with stated, "They have a very complex range of needs and they look after people well – they usually keep us well informed and we've seen some good outcomes."

Where individual care and support strategies had not proved successful these were reviewed and changed, with agreement from people who used the service. For example, one person had regularly spent all their money before the end of the week. In discussions with staff they agreed to separate their finances into daily envelopes in order to help them budget for the week. This meant the person was better able to manage their own finances.

We saw the registered manager had prepared for the arrival of one person who had specific needs by arranging a three-hour session for staff with the Forensic Learning Disability team to ensure they were sufficiently prepared.

We saw each person's care record included important information about the person including emergency contact details, life history, family, interests, medical history and preferences.

People's care records were person centred, which means the person was at the centre of care or support plans and their individual wishes, needs and choices were taken into account. Care plans were in place and described the needs of the person, the goals of the care plan and what interventions or support were required to achieve the goals. For example, one person had a goal of visiting a relative. We saw staff had regularly reviewed how achievable this goal was through the use of an outcomes star. An outcomes star is a visual representation of the goals a person wants to achieve and how close they and staff feel they are to that achievement. It supports a collaborative framework for people who use services to achieve their goals. We saw over the preceding months that the person had gained in confidence and now had a visit to their relative planned. Another person had successfully achieved their goal of attending a Middlesbrough football match. As the kick-off had been in the evening, staff worked flexibly with regard to their shifts to ensure the person received the continuous support they needed to attend the event. This demonstrated that staff used recognised tools to help people achieve goals meaningful to them, and worked flexibly to do so.

We reviewed staff handover records and found them to be up to date and a useful means of sharing information between staff.

We found people had individual structured activities timetables in place, which described what activities people were carrying out each day. For example, one person enjoyed playing football computer games, going for walks and films. Whilst the service did not have an activities co-ordinator in place staff had clearly

defined areas of responsibility to help people access activities meaningful to them. For example, one member of staff had developed an activities file where they kept photographs of recent activities, so these could be revisited and celebrated. One member of staff had a background in horticulture and took the lead in supporting people who used the service to develop the outdoor spaces. People who used the service were passionate about the various projects they had begun, such as planting flowers at the front of the property, and potatoes at the rear. People had individual or shared greenhouses and were fully involved in the upkeep of external spaces. We saw this had a positive impact on people's wellbeing during our inspection, for example one person was visibly calmed by going outside and helping dig the front borders of the property. We observed them relaxing and laughing whilst undertaking the work, where previously they had become anxious whilst sat inside.

We also saw people who used the service had completed some woodwork tasks last year, such as sanding and varnishing a chair and tables. The registered manager had since arranged for all people who used the service to attend a woodwork workshop, the first of which was being held on the night of our inspection. We found the registered manager had found a way to provide a structured and person-centred approach to activity planning that ensured people's preferences were supported. Where one person told us, "Gardening isn't my thing – I'm not green fingered," they confirmed they were supported to access activities meaningful to them, for example playing football and starting a DJ-ing course.

Relatives told us, "He likes gardening and has his own greenhouse. He also goes swimming sometimes with a member of staff. They keep us informed about things."

We saw the registered manager had made good links with the local community centre as well as a local farm, whilst three people who used the service volunteered at the local clothing bank. This demonstrated people were afforded a range of positive activities meaningful to them, but also that the risk of social isolation was mitigated.

We also saw the registered manager had planned a holiday with people who used the service. This had involved multi-agency meetings to assess risk management and suitability of location. We saw the registered manager had fully considered these factors when helping people plan a holiday and had sought solutions to ensure they were able to plan for, what was for a number of people who used the service, their first holiday.

The provider's complaints policy and procedure was readily accessible. People who used the service told us they felt confident and were comfortable going to staff if they had any issues. We saw there had been three complaints recently and all pertained to disagreements between people who used the service. We saw the registered manager had looked into each complaint and written a formal response to each complainant.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager had a range of relevant mental health and forensic experience and strong oversight of the service, including a good knowledge of the needs of people using the service.

Staff were regularly consulted and kept up to date with information about the home and the provider. When we spoke with staff they confirmed the registered manager involved them in ideas and planning service delivery, as well as listening to their ideas and suggestions. One member of staff said, "The manager is a real listener – you can always go and chat to them and they'll always make time. They have come with some new ideas, for the better."

One social care professional told us how they had worked closely with the registered manager and that they had seen them and other staff support people to reach their desired outcomes. Another said, "They have a good way of balancing public protection and what individuals need." This was consistent with the evidence we gathered during the inspection and we found the registered manager had successfully developed an open culture where people's individual decisions were considered alongside the need to ensure they and others remained safe. We found the registered manager did this through open and person-centred interactions with people who used the service and staff.

We looked at what the registered manager did to check the quality of the service, and to seek people's views about it. We saw senior care assistants completed regular audits of care files, occupancy levels, food stock levels and questionnaires with people. The registered manager then reviewed these audits in order to identify any concerning patterns or areas the service could improve. They also contributed to completing the more comprehensive audits for infection control, fire safety, medicines and health and safety, which were done alternately on Thursdays. We found there was adequate internal oversight of the service, which included a bi-monthly audit by the provider's quality team.

Residents' meetings took place regularly, where the registered manager could provide updates and information. The meetings also gave people who used the service the opportunity to feedback any issues and contribute to choices regarding mealtimes and activities.

Quality assurance questionnaires were also completed by people who used the service and we saw the most recent ones had been completed in February 2017. All questionnaires we saw contained positive responses about the level of care and support people received. One representative comment stated, "Staff are really easy to get on with and help resolve any problems I have." The registered manager therefore gathered information about the quality of their service from a variety of sources.

The registered manager had formed positive links with the local community and worked well with external agencies such as the police, Multi Agency Public Protection Arrangements (MAPPA) and the local multi-disciplinary team to plan and meet people's needs.

We saw the registered manager had acted on external advice. For example, they had been told by commissioners of the service in late 2016 that the service could improve its approach to person-centred care. We saw they had discussed this with all staff at a staff meeting and arranged Positive Behavioural Support (PBS) training as a result. Staff we spoke with demonstrated a good knowledge of the principles of the course and were able to give examples of how it enabled them to encourage people to achieve positive outcomes on a day-to-day basis. This demonstrated the registered manager took on board external advice and incorporated it in order to improve the care people who used the service received.

We found this to be in line with the culture, which was one that empowered people to make their own choices and exercise their rights, whilst acknowledging and managing the risks they faced (and presented) in a way that impacted on those rights as minimally as was practicable.

The registered manager was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at records. We found all records we viewed to be clear, accurate and contemporaneous.