

The Poplars Limited

The Poplars

Inspection report

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Date of inspection visit:
07 November 2022

Date of publication:
29 November 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Poplars is a residential care home providing personal care to 27 people aged 65 and over at the time of the inspection. The service can support up to 33 people in one adapted building and supports people who may be living with dementia and physical impairments.

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

People were not always safe as the physical environment was not always suited or adapted to meet their needs.

The provider had assessed the risks associated with people's care and support. Staff members were knowledgeable about these risks. However, some staff practice was not in accordance with safe care.

Although there were enough staff to meet people's needs, people found their interactions to be task driven and their opinions not sought in a meaningful way.

The provider had quality monitoring processes in place. However, these were not always effective in identifying improvements needed to ensure the safe provision of care.

People received safe support with their medicines from staff members who had been trained and assessed as competent. Staff members followed effective infection prevention and control procedures when supporting people. However, not all aspects of the physical environment supported effective infection prevention and control practices.

People were protected from the risks of ill-treatment and abuse as staff had been trained to recognise potential signs of abuse and understood what to do if they suspected harm or abuse.

People were supported to have maximum choice and control of their lives and the provider supported them in the least restrictive way possible and in their best interests; the application of the policies and systems supported good practice.

The provider, and management team, had good links with the local communities within which people lived.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 3 September 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement, based on the findings of this inspection.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Poplars on our website at www.cqc.org.uk

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach of the regulations in relation to keeping people safe and overall management of the home.

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Poplars

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

This inspection was carried out by one inspector and one 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 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 is a care home without 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 1 relative about their experience of the care provided. Additionally, we spoke with 7 staff members including the registered manager, domestic support, maintenance person, deputy manager, senior carer, carer and director of care.

We reviewed a range of records. This included 3 people's care plans and records of medicines administration. We looked at a variety of documents relating to the management of the service, including quality monitoring checks.

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 remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Not all areas of The Poplars supported the safe provision of care or accommodation for people to live in. The flooring in corridors had been recently replaced with a heavily patterned carpet. There was little contrast between walls, handrails and radiator covers. The lighting in the first-floor corridor was poor and created shadows on the walls and floor. These issues created an increased risk of falls to people especially those living with dementia or those with a visual impairment.
- Radiators had covers on them, however, these did not prevent contact with hot surfaces on the tops or in some instances the sides. Hot water pipes leading to radiators had not been covered. These issues put people at risk of burns from contact with hot surfaces. Some radiator valves were missing, exposing a sharp point creating a risk of injury should people have contact with this piece of equipment.
- In one communal area we saw unrestricted access to stairs leading to the ground floor via a 'trap door' in the floor. This was not locked, and people had access to this area. This put people at the increased risk of falls. One staff member told us furniture was usually placed over this area preventing access but had not been returned following a recent rearrangement.
- Stair banisters were too low creating a risk of toppling and falls. Gaps between spindles were too big creating the risk of entrapment. Access to the bottom of the stairs was prevented by a stair gate designed to meet the needs of children and not adults. The bottom of this gate was not secured. The director of care told us this was a visual deterrent to minimise the risk of people going up the stairs. However, they acknowledged this piece of equipment was being used for something other than what it was designed. This put people at the risk of falls. The registered manager told us they were in the process of redesigning the stairs with doors limiting people's access to this area.
- People were not always safely supported by the staff assisting them. One person described how staff supported them to stand using an unsafe lifting technique putting them at the risk of injury. Staff confirmed this technique was used on occasions as they were waiting for training in a specific piece of equipment. We raised this concern with the management team to address with staff.

Preventing and controlling infection

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. We saw discoloration on lighting pull cords, rust on some pieces of equipment which hampered effective cleaning and access to the hand washing facilities in one bathroom was prevented by items of furniture. This put people at the increased risk of communicable illness.

We found no evidence people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. These issues constitute a breach of Regulation 12: Safe Care and Treatment, of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

We passed our concerns to the registered manager and director of care who acted to remove the immediate risks to people. Access to the ground floor was restricted, radiators were in the process of being effectively covered, along with pipes, and a professional was engaged to consult on safe stair access.

- Risk assessments associated with people's care had been completed. These included risks related to people's skin integrity, diet and nutrition.
- Staff members had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses. This included updated training in response to the COVID-19 pandemic.
- Staff members had access to personal protection equipment which they used appropriately when supporting people.
- 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. Staff understood how to recognise and respond to signs and symptoms 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 making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting visits in line with the Governments guidance.

Staffing and recruitment

- People gave us mixed responses about the amount of staff available to support them. People consistently told us they felt their interactions with staff were rushed and task driven with little opportunity for valuing conversations. However, during this inspection we saw there were enough staff to support people in a timely way and without any unnecessary or unreasonable delay.
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.
- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risks of abuse and ill treatment. One person told us, "I like it here, it's a bit like home. I'm not frightened of anything; I would say if I was."
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
- Information was available to people, staff and relatives on how to report any concerns.
- The provider had systems in place to share information about any concerns with the appropriate agency. For example, the local authority, in order to keep people safe.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in accordance with the principles of the Mental Capacity Act 2005.
- Staff, and the management team, followed best practice when assessing people's capacity to make decisions and knew what to do to ensure any decisions made were in the best interests of the person concerned. However, people felt they could be better consulted when changes were made affecting them.

Using medicines safely

- People received their medicines as prescribed and when directed. Everyone we spoke with told us they received their medicines on time and how they liked them. When people required medicines for pain control this was provided in a timely way.
- Staff members were trained and assessed as competent before supporting people with their medicines.
- The provider had systems in place to respond should a medicine error occur. This included contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- Guidelines were in place for staff to safely support people with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, incidents, accidents and near miss incidents were reviewed to ensure appropriate action had been taken.

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

- The provider had quality monitoring systems in place, but these were not effective in identifying and mitigating the issues we found at this inspection. They failed to identify or rectify issues with the safety and potential risks to people.
- Management, supervision and guidance for staff was not effective in identifying poor moving and handling techniques used by staff which put people at risk of injury.
- The provider failed to take into consideration best practice guidance for creating a safe and accessible living environment for those living with dementia when redecorating communal areas.
- People did not always feel listened to or their opinions valued by those supporting them. One person told us how they liked their hot drink, yet it is never prepared how they liked despite repeated attempts to tell staff. Another person said, "I've not had a bath or a shower in ages. No one has asked me, so I've not had one."
- No one we spoke with could recall being consulted on changes to the physical environment. For example, the carpets. The director of care told us people were asked but this was before the pandemic so most likely they would have forgotten. This was not effective engagement and people were not included in decisions about where they lived. We did see minutes of a residents meeting, but people could not recall this or if such meetings occurred on a regular basis. People did not feel consulted, or their opinions valued.
- Although staff told us they had regular staff meetings, decisions were made without effective engagement. One staff member told us they raised concerns about the use of a heavily patterned carpet in the communal area and how this can lead to the increased risk of falls. However, they believed this was ignored and the provider replaced the carpet anyway.
- The registered manager and director of care told us they were introducing a key worker system where named staff members could effectively engage with people on a regular basis. They felt this would help involve people further in their care and to be part of decision-making choices about where they lived. However, they had yet to fully introduce this.

Managerial oversight and environmental assessments were not robust enough to demonstrate their quality monitoring was effective. People were not effectively engaged with decisions about where they lived. These issues constitute a breach of Regulation 17 (Good governance), of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

- People had assessments of care which fully considered their protected characteristics including disability, gender and religion.
- The registered manager, and provider, had appropriately submitted notifications to the CQC. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The last rated inspection was displayed on the providers website and at The Poplars in accordance with the law.
- Staff told us they found the registered manager supportive and approachable.
- Staff understood the policies and procedures which informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Continuous learning and improving care

- The registered manager kept themselves up to date with developments in health and social care. This included regular updates from local authorities, the CQC and Government agencies. Additionally, the management team received regular updates from a provider representative organisation. For example, the registered manager told us they had increased how often they cleaned high frequency touch points following guidance on infection prevention and control.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment. The provider had a complaints and compliments process in place where they investigated and responded to concerns raised with them. One person told us about an incident they had raised and they were happy with the outcome.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure the physical environment was safe and that staff followed safe practice. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to drive good care or effectively consult people. |