

The Poplars (Thornaby) Limited

The Poplars Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Poplars Care Home is a residential care home providing personal and nursing care to up to 43 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 39 people using the service.

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

Staff had detailed information about risks for people. The daily care given to people, however, was not always recorded. We have made a recommendation that the provider reviews this and ensures records reflect the care given.

People and relatives told us they felt the service was safe. Staff understood their role in safeguarding people. The home was clean and safety checks were carried out. Medicines were managed safely. Recruitment checks were carried out safely. The provider had faced some challenges in terms of recruitment but working to overcome these challenges. We received some mixed feedback about staffing, some people told us they occasionally waited for support. There were enough staff to meet people's needs when we visited the home and staff told us they usually had enough time to support people according to their wishes. All staff, including agency staff, had an induction in to the home and the staff on duty knew people well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were systems to assess the quality of the service, which were monitored by the registered manager, with oversight from the nominated individual. People, relatives, and staff gave us mostly positive feedback and told us they had opportunity to comment on the service. Some people and relatives told us they had not been directly asked for feedback, however there were avenues to do this, such as via a suggestion box in the home and people were directed to an on-line review website. There had also been some meetings and surveys used to gather feedback.

The registered manager responded to audits from external agencies and had development plans for the continuous improvement of the service. They had developed a new process to document their daily checks on the quality of the service, but this was not yet in use. There was an ongoing program of redecoration and repair to the home. Staff worked with professionals to monitor and manage people's health and care needs. The home worked with other organisations and the wider community around social and wellbeing activities for people in the home.

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

Rating at last inspection

The last rating for this service was good (published 23 December 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service and, in part, due to concerns received about staffing and record keeping. A decision was made for us to inspect and examine those risks.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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 is good, based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe section of this report.

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

Recommendations

We have made a recommendation about ensuring records accurately reflect the daily care given.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Poplars 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 carried out by 3 inspectors.

Service and service type

The Poplar's Care 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 Poplar's Care 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. 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 used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service, 3 relatives and 7 staff, including the registered manager, clinical lead, senior care assistant, care assistants (including agency staff) and the maintenance person.

We observed interactions between staff and people. We reviewed a range of records including medicines records and 6 people's care records. We looked at 2 staff files. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Following our visits to the home we received information from the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were safely managed. Risks were assessed and plans to reduce risks were person centred. These were regularly reviewed and developed as people's needs changed.
- Appropriate maintenance and safety checks had been carried out for the building and equipment.
- Daily monitoring charts were completed inconsistently. These included records of checks around personal care, dental care and when people needed to be repositioned in bed. People and staff told us, however, that personal care and repositioning needs were met.
- The registered manager had tried to address the consistency of recording in daily monitoring charts with staff through a series of reminders. Systems and audits were also being developed to ensure checks were made on these charts being completed accurately going forward.

We recommend the provider reviews their processes to ensure daily monitoring charts accurately document the care given.

Systems and processes to safeguard people from the risk of abuse

- Systems promoted people's safety. People and relatives told us they felt staff kept people safe.
- Staff were trained in safeguarding and knew how to recognise the signs of abuse. There were systems to support staff to report concerns and any issues were acted on.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People were asked for their consent when care was delivered.

Staffing and recruitment

- Staff were recruited safely. Recruitment checks were carried out before staff were appointed. There was

ongoing recruitment for permanent staff, until all posts were filled the service was using consistent agency staff who had an induction in to the home and were familiar with people's needs.

- There were enough staff in the home to meet people's needs on both days we visited the home. We observed staff meet people's needs quickly and received feedback from most people and relatives that staff were available when they needed assistance.
- We received some feedback that some people occasionally had to wait for care or felt they needed to fit in with the routines of the home. We shared this feedback with the registered manager who confirmed the home was staffed to meet the assessed dependency levels and this was regularly monitored by senior staff.
- Staff told us they generally had time to meet people's needs safely and we observed staff had time to engage in conversations and positive interactions with the people they supported.

Using medicines safely

- Medicines were managed safely. People received their medicines when required, by appropriately trained staff. Management made regular checks on medicines management and on staff competency around this.
- Where staff, or agency staff, had made medicines errors actions had been taken to ensure lessons were learnt and competency was rechecked.

Preventing and controlling infection

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

Visiting in care homes

- People received visits from loved ones. The home asked that visitors booked ahead so they could ensure staff answered the door and assisted them in a timely way. Some relatives we spoke with told us they would prefer not to make an appointment. The registered manager gave assurances there were no restrictions on visiting and people could have visitors when they wished, with or without appointment.

Learning lessons when things go wrong

- Systems were in place to monitor accidents and incidents to look for any patterns or trends.
- Lessons learnt and actions for improvement were shared with staff.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- The registered manager was clear about their role and had oversight of the service, along with the nominated individual. They used a quality assurance system to monitor and analyse the quality of the service provided. Information and learning were shared with staff.
- The registered manager did not routinely check that daily monitoring charts were completed accurately, these were monitored by senior care staff. The registered manager had recently developed a new audit that would allow them to spot check these records. The nominated individual also told us the home was moving to a new system with a view to making oversight of these checks easier.
- The registered manager was working to an action plan which addressed any improvements needed in the home and responded to the results of external audits. The action plan covered the upkeep of the home and redecoration work was ongoing during our inspection.

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

- There was a positive culture that promoted good outcomes for people. We observed positive and caring interactions between people and staff. For example, we observed staff guide and reassure people living with dementia. One person told us, "They are fantastic the staff" and "The staff are very careful and caring."
- Staff told us they felt supported and could seek advice, guidance or share any concerns they may have. A member of agency staff told us, "The staff are very friendly, and I know the residents well. I have worked in other homes, but I like this one."

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 understood their responsibilities in relation to duty of candour.

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

- The provider engaged with people, relatives, and staff in several ways such as a suggestions box in the home, directing people to use an on-line review website and through surveys and meetings.
- Staff had regular meetings, and key staff met daily with the registered manager.
- Most people and relatives told us the registered manager was approachable. One relative described them as; "Champion, helpful and friendly," Some people, however, told us they had little interaction with the

registered manager but felt there were avenues to feedback to staff about any issues affecting them.

Working in partnership with others

- The registered manager and their staff team worked with external health and social care professionals sharing information and assessments to inform and improve the quality of care.
- Staff worked with external agencies and members of the community to enhance the experience of people living at the home. For example, the mayor was visiting the home to judge an Easter bonnet competition, and people and staff were engaged in a project to hatch chicken eggs and care for the chicks.