

# The Orders Of St. John Care Trust

## OSJCT The Poplars

### Inspection report

Chapman Street  
Market Rasen  
Lincolnshire  
LN8 3DS

Tel: 01673843319  
Website: [www.osjct.co.uk](http://www.osjct.co.uk)

Date of inspection visit:  
11 June 2019

Date of publication:  
30 July 2019

### 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

### About the service

The Poplar's care home provides accommodation and personal care for up to 51 people over the age of 65. There were 45 people living at the home at the time of the inspection.

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

People living at The Poplars were happy and well cared for. Relatives spoke positively about the service.

Staff were kind and caring and knew all the people and their diverse needs. Staff understood their roles clearly and knew what was expected of them. People were treated with respect and dignity, they were also supported to maintain their independence.

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.

People were treated as individuals, had a good quality of life and were enabled to follow their hobbies and pastimes. There were a wide range of activities provided both in the service and the community.

The registered manager knew people well and staff felt supported in their role. Systems were in place to monitor the quality of the service and make any improvements needed.

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

At the last inspection this service was rated Good, (published 09 November 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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.

Good ●

# OSJCT 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. This inspection was planned to check 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 Care Act 2014.

#### Inspection team

The inspection was completed by two inspectors.

#### Service and service type

The Poplars is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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 spoke with other 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 with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, head of care, senior care

workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and two to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data, policies and procedures of the service and safeguarding information.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. One person told us, "I feel safe here. The staff are nice." A relative told us, "My relative is very safe and staff are great."
- Risks to people were managed appropriately and reviewed on a regular basis.
- People's safety was a priority for staff. Staff supported people in line with the care plans and staff were able to tell us about risks to each person.
- Where people displayed behaviour that challenged, staff used a positive approach to protect people's dignity and rights.
- Staff had a good understanding about protecting people from abuse and internal systems were followed to ensure the safety of people.
- The registered manager knew to liaise with the local authority if necessary; any incidents had been managed well.
- The environment was well maintained, and all equipment received regular servicing.

Staffing and recruitment

- People received care in a timely way; there were enough staff available to meet people's needs.
- Staff were recruited safely; appropriate checks were carried out to protect people.

Using medicines safely

- Records showed people received their medicines as prescribed. Medicines were stored safely and securely.
- Medicines management policies and procedures were in place. Records showed staff had been trained in the safe administration of medicines and their competency to administer medicines had been checked.

Preventing and controlling infection

- Measures were in place to prevent and control the spread of infection. Staff had received training in infection control and personal protective equipment was used.
- The home was visibly clean in all areas.

Learning lessons when things go wrong

- Where accidents or incidents had occurred, detailed information had been recorded by staff.
- The provider had systems in place to review and analyse any accidents and incidents each month. Risk assessments were updated, and appropriate referrals were made following any trends identified.

# 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 the last inspection this key question was rated good . At this inspection this key question has remained 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

- People's needs had been assessed and reviewed periodically to make sure care and support was delivered appropriately.
- Information gathered about people had been used to develop their care plans, which ensured people's preferences and beliefs were respected.
- Care and support was delivered in a non- discriminatory way and respected people's individual diverse needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff completed a comprehensive induction supported by a structured training programme.
- Staff spoke positively about the range of training opportunities available to them. One staff member told us, "I enjoy the training we do. It helps us to help people correctly."
- Staff felt supported by the registered manager and head of care. Staff received regular supervision meetings to develop their practice.

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

- People received a healthy, balanced diet which met their needs and took into consideration their preferences and any special dietary needs.
- People were supported to maintain their independence with eating and drinking.
- Staff were aware of any specialist diets that people had, and information was provided to the chef to ensure they were updated of any changes.

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

- Staff understood people's health needs and knew how to access additional support if this was needed.
- People were supported to access health care professionals. Referrals were made to a range of health and social care professionals when required to support people's changing health care needs. Records of professional healthcare visits were recorded in detail in people's care plans.
- People's changing needs were communicated with their relatives.

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

- The environment met people's needs. Areas of the service provided stimulation for people living with a dementia related illness. Dementia friendly signage was used to support people.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw people were offered choices as about their daily routine such as what time they got up or where they sat in the home.
- Care records contained information to guide staff on how best to support people to enable them to make decisions and give their consent.
- Where appropriate people had signed to say they consented to receiving care and sharing information.



# 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 the last inspection this key question was rated as good . At this inspection this key question remained 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 and relatives were happy with the care provided and they praised the staff. Comments included, "This is a lovely place, the staff are good", "The staff are kind and so patient" and "The staff know me well, I wouldn't have anyone else caring for me."
- Staff provided a person-centred culture within the service. Staff demonstrated a good knowledge of people's personalities and diverse needs, and what was important to them.
- People were cared for and supported by staff that were kind, patient and respectful.
- Interactions between staff and people were natural and showed positive relationships had been developed.
- People were valued as individuals and staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- People were involved in planning areas of care delivery. Contact with people's relatives was maintained to keep them informed of their relative's wellbeing. One relative told us, "They always keep us informed and let us know if there are any problems."
- Staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's families and friends could visit without restriction. One relative told us, "There's no set time to visit, staff always make you feel comfortable."
- People were encouraged to be as independent as possible. Staff understood and recognised when people needed assistance. People were approached by staff in a polite and respectful way to offer assistance.
- Care records were kept securely, so confidentiality was maintained.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has been rated 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

- Care plans were person-centred and were reviewed on a regular basis. Care plans contained detailed, personalised information about what was important to people. They held useful information that assisted staff to provide care and treatment that people preferred.
- Regular meetings supported people and their relatives to be involved in the running of the service in line with their preferences.
- Staff provided individualised care and support to people. They spent time with people and their relatives to find out what was important to them.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples' communication needs were assessed and recognised. Information was available in an accessible format to meet peoples' needs.

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 develop and maintain friendships and relationships. This included spending time with relatives.
- The service provided a range of activities and entertainment for people. People told us there were always something happening.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place for people and visitors to access. This was available in an accessible format to meet people's diverse needs.
- The service had responded to complaints made, in line with company policy.
- People were supported to raise concerns. People and their relatives told us they were confident in raising concerns with the staff if they had any issues.

End of life care and support

- Where appropriate, people's end of life care preferences were recorded in their care plan. This provided staff with information to ensure people would receive dignified, comfortable and pain free care at the end of their life if required.

# 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 the last inspection this key question was rated good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- The registered manager was supported by an area manager and a head of care. The management team worked collectively to demonstrate a positive culture and promote a high standard of person-centred care and support for people.
- The management team knew people, their needs and their relatives well. Staff told us, "The managers are all really good and very hands on."
- Staff said they felt supported by the registered managers and received regular supervisions and staff meetings to promote their development.

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 legal responsibility to notify the CQC about incidents that affected people's safety and welfare; all notifications were submitted in a timely manner except two which were sent in retrospectively following the inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and process were in place to oversee the service and governance systems drove improvements in the quality of the service.
- The management team completed regular quality assurance checks. This enabled them to collate information to show how the service was performing.
- Effective communication between the registered manager and staff team supported people to receive their preferred care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Regular meetings were held at the service to ensure staff, people and their relatives were involved in developing and improving the service.
- Staff were focused in developing their skills. Supervisions contained clear objectives to support staff with their continuous learning.
- Systems were in place to ensure the service was consistently monitored and quality assurance was maintained.

### Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Such links supported the service to develop.