

Solent Healthcare Limited

Poplars Care Home

Inspection report

4 Glen Eyre Way
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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

Poplars care home is a residential care home for older people who may be living with dementia. It is an adapted domestic property in a residential area with accommodation over two floors. The service accommodated up to 14 people in single and shared bedrooms. At the time of our inspection there were 14 people using the service.

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

People were happy with the quality of the care provided. Their feedback included, "I'm very happy", "Staff are good" and "Staff smile, it goes a long way." People and staff reported there were sufficient staff to meet people's needs.

The provider had taken measures to ensure the building was safe. We have made two recommendations, one for the provider to review guidance about when a new fire risk assessment is required and a second about them accessing guidance on water temperature probes.

Staff ensured potential risks to people had been assessed and managed safely. People were safe and protected from the risk of abuse and discrimination. People received their medicines safely. Processes were in place to protect people from the risks of acquiring an infection. The provider reviewed incidents to identify if any actions were required.

The provider promoted a positive culture within the service. They engaged people, their relatives and stakeholders. They sought their views on the service and used their feedback to make improvements. The provider had processes to assess the quality of the service provided and to identify potential areas for improvement. Staff worked across agencies to support the provision of peoples' care safely.

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 30 April 2020). At this inspection it has improved to good.

At our last inspection we recommended the provider review national falls guidance. At this inspection we found the provider had taken relevant action.

Why we inspected

This focussed inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions of Safe and Well-led.

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.

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 completed by an inspector.

Service and service type

Poplars 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. Poplars Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there were two registered managers, who were also the provider.

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including both registered managers, one of whom was also the nominated individual, three care staff and the housekeeper. A nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed the home environment. We observed staff interactions with people in communal areas of the home. We reviewed a range of records, including four people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. Records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- On the last fire risk assessment completed in July 2019 it had been identified the laundry door which was ill-fitting was a high risk, although it was fitted with a smoke strip. The provider advised since the assessment, the laundry door had been moved and the frame adjusted, as part of internal changes. Although the provider had reviewed the fire risk assessment annually as required and completed the recommended actions, good practice guidance advises if the internal layout of the building has changed, the fire risk assessment should be reviewed.

We recommend the provider reviews the guidance about when to update fire risk assessments and consider if a new fire risk assessment is required.

- We also noted a fire door release mechanism was damaged. This was brought to the provider's attention and immediate action was taken to ensure it was replaced. Fire safety related equipment and fire alarms had been tested and serviced. Staff had completed fire drills during both the day and night and fire training.
- The provider advised all of the taps were fitted with thermostatic mixer valves (TMV's) which ensured people were not at risk from scalding. They told us they had sought advice and checked to ensure the hot water was stored within the boiler at 65 degrees celsius and distributed at above 50 degrees celsius, as required, to prevent the growth of legionella, which can cause a serious type of pneumonia called Legionnaires' disease. The provider had also been testing and recording the temperature of the running water from the taps, which should be above 50 degrees celsius. Although they had completed water temperature checks, the hot water coming out of the taps was below 44 degrees celsius, due to them all being fitted with TMV's.

We recommend the provider review guidance about the use of water temperature probes as a means to test the hot water temperature at the pipe inlet to the TMV's, as this would enable them to provide evidence the hot water temperature was at the required temperature prior to it entering the TMV.

- The provider ensured regular water testing for legionella was completed. A legionella assessment for the service had been completed in 2016 and the provider had reviewed it annually as per good practice guidance to ensure nothing had changed.
- Processes were in place to ensure equipment safety was checked regularly. The service was well-lit and upstairs we noted the lighting came on when movement was detected.
- The provider ensured a variety of potential risks to people had been assessed using recognised screening tools. Where risks had been identified appropriate measures and detailed staff guidance were in place to manage them, including the actions to take if any concerns were identified.

- People had been screened for their risk of falls and where risks were identified, appropriate measures were in place. People had the equipment they required to help them mobilise safely and staff ensured this was within reach for them. Staff ensured people at risk of pressure ulcers had pressure relieving equipment and were supported with re-positioning, if required.
- Staff respected people's right to take risks, such as their right to smoke and supported them appropriately to minimise the associated risks.
- Staff had been provided with a variety of training related to people's care needs and the management of any associated risks. This included training in areas such as: moving and handling, health and safety, choking and skin integrity. Staff had access to guidance and training to enable them to understand and appropriately support people who communicated their needs and wishes through their behaviours. Staff spoken with understood potential risks to people and how these were managed for their safety.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and discrimination. People told us they felt safe in their home. Their feedback included, "I'm well cared for."
- The provider had processes to protect people from the risk of abuse. Staff had all completed safeguarding training and had access to the provider's safeguarding policy for guidance. Staff had also completed relevant training, such as equality and diversity. Staff spoken with, understood their role in safeguarding people and how to record and escalate any concerns.
- The provider had made safeguarding referrals to the local authority who are the lead agency for safeguarding and had a log of actions taken in response to incidents. They kept their knowledge and practice up to date by attending a local provider's safeguarding forum and had booked to attend a manager's safeguarding training course to further develop their knowledge.

Staffing and recruitment

- People told us, and we observed there were sufficient numbers of staff to support them and to meet their needs safely. People's feedback included, "There are enough staff. I don't have to wait", "[There are] plenty of staff" and "[There is] always someone [staff] to help".
- We observed staff to be busy but not rushed in their work. People and staff spoken with were of the view there were sufficient staff to support people, including at weekends, which were quieter. The provider also had a contingency plan whereby staff on the afternoon shift could be asked to start work earlier if required, for example, if a person was unwell and required additional care.
- People's care plans included an assessment of their dependency needs and a dependency score. The provider had a dependency tool, which assessed each person's dependency levels, which they then

compared to the number of staff rostered, to assess if there were sufficient numbers of staff. The provider also told us they were recruiting one additional care staff to provide additional cover for staff sickness and holidays, and a new activities staff member was about to commence their role.

- The provider operated safe recruitment processes, which included required pre-employment checks.

Using medicines safely

- Staff who administered medicines updated their training annually and had their competence assessed. Relevant staff had received additional training in the administration of an emergency rescue medication for one person. They had access to the provider's medicines policy and people's medicines care plans for guidance. A person we spoke with wanted to partially self-medicate by taking their medicines without staff observation, which we saw staff supported them to do. We reviewed their medicines care plan, which had not assessed any possible associated risks. We brought this to the provider's attention, who immediately took appropriate action to address this.
- Medicines including controlled drugs which require a higher level of security were stored securely and at the correct temperature. Although no-one currently required medicines which required storage in a fridge, a secure fridge was available.
- People received their medicines as prescribed. Processes were in place to ensure they received them correctly and doses were appropriately timed, spaced and recorded. There was guidance for staff about where to apply people's topical creams and for the rotation of transdermal patches which release medication through the skin. There was guidance about how and when to give people 'as required' medicines and guidance about how to identify if people who could not say they were in pain. There was also guidance for staff about the specific risks for people from anticoagulant medicines, which are used to prevent the formation of blood clots.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were somewhat assured that the provider was accessing testing for people using the service and staff. Records of staff testing showed all staff but one had accessed COVID-19 testing correctly. This staff member had misunderstood testing requirements after their recent recovery from COVID-19. Since the site visit this has been addressed.
- 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.

We have also signposted the provider to resources to develop their approach.

The provider ensured people could have any visitors they wished to.

Learning lessons when things go wrong

- People had accident monitoring charts and staff were updated about the outcomes from incidents. Staff understood their responsibility to speak out about safety issues and felt able to do so. The provider told us following their review of an incident and the contributing factors, additional training had been arranged for staff to enable them to further develop their knowledge and understanding.

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 changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People felt the service was well-led. Feedback included, "They [the registered managers] come and chat" and "[Name of one of the registered managers] the boss, he would do anything for anyone." A relative confirmed the nominated individual, provided a, "good home", they told us they visited when they wanted and took their loved one to their home but their loved one would then want to return to the home, which they felt was positive.
- Staff confirmed they felt respected and well-supported by the provider. A member of staff said, "They are good managers." The provider accommodated and respected both people and staff's religious observance. Staff were supported in their role with a range of relevant training. Eight of the 15 staff had either started or completed further professional qualifications in social care.
- The provider's aims for the service were set out within their statement of purpose. There was a positive, caring culture. The registered managers were present within the home throughout the working week and available to both people and staff. They supported the staff team with their work as required. One of the registered managers told us if there were any issues out of hours, one of them supported staff.
- The provider was open and receptive to feedback and keen to identify any areas they could improve. Staff worked co-operatively and supportively together as a team. They shared relevant information, to support the provision of people's care.

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

- The provider understood the duty of candour and had informed a person's relative of a notifiable incident.

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

- The service had effective management arrangements. In addition to the two registered managers, there were two team leaders and a senior carer. Processes were in place to ensure adequate leadership of staff shifts.
- Staff spoken with understood their role and responsibilities. Staff were aware of the provider's policies and where to locate them. They were motivated in their work and had confidence in the provider.
- The registered managers understood the legal responsibilities of their role and ensured statutory notifications were submitted to CQC as required.

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

- The last CQC report was not displayed within the service as required, the provider advised this was due to people regularly removing it, although it was on their website. This was addressed by the end of the site visit.
- People and their relatives were able to share their views directly with the provider whom people knew well, or at resident meetings, relative meetings, surveys or reviews of their care. People confirmed, "Oh yes I could raise things" and "They [the registered managers] listen to me." Staff also reported they were able to raise any issues. Professionals views on the service were also sought through the annual survey.
- When issues were raised, they were addressed for people. The provider used a, 'You said we did' board, to show the actions which had been taken in response to people's feedback on the service. The actions taken included; arranging physical exercises, changing aspects of the menu and arranging dog therapy.
- There were links to the local community, for example through trips and use of the mobile library service.

Continuous learning and improving care

- The provider completed a range of audits of the service to identify potential areas for improvement. These included audits of safety in the home, infection control, medicines and people's experience at mealtimes. Processes were in place to ensure staff's recording of people's medicine administration records were audited for completeness and medicine stocks.
- The provider used their service improvement plan to log identified actions from their own audits or other sources, such as the fire service and community pharmacist and the last CQC inspection report. This enabled them to collate the required actions and to be able to demonstrate how they had been addressed.
- The provider had an electronic care planning system in place to assess and document the provision of people's care. Staff had access to electronic tablets, to enable them to make daily entries and to update people's records.

Working in partnership with others

- Staff worked collaboratively with a range of health and social care professionals to support the provision of people's care.