

Tawnylodge Limited

Poplars Nursing and Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

This inspection took place on the 28 January and 2 February and was unannounced. At our previous inspection in August 2014 the provider was not meeting all the regulations relating to the Health and Social Care Act 2008. There was a breach in meeting the legal requirements regarding respecting and involving people, for staffing, for complaints and for notification of other incidents.

The provider sent us a report explaining the actions they would take to improve and told us the actions would be completed by November 2014.

Poplars Nursing and Residential Care Home provides accommodation, nursing and personal care for up to 60 older people who may have dementia. There were 49 people living at the home at the time of our inspection.

Summary of findings

The home is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. There was a registered manager in post.

People we spoke with told us they felt safe living in the home. Staff demonstrated a good awareness of the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding potential abuse.

Assessments were in place that identified risks to people's health and safety and care plans directed staff on how to minimise these identified risks. Plans were in place to respond to emergencies to ensure people were supported appropriately.

Care staff told us they had all the equipment they needed to assist people safely and understood about people's individual risks. The provider checked that the equipment was regularly serviced to ensure it was safe to use.

Staff were suitably recruited to ensure the risks to people's safety were minimised.

Processes were in place to ensure people received their medicines in a safe way.

Staff received training that was appropriate to meet people's needs and were supported to gain qualifications in health and social care to further develop their knowledge and skills.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff gained people's verbal consent before supporting them with any care tasks and promoted people to make decisions but assessments were not always clear regarding people's capacity to make decisions.

People were supported to maintain good health and accessed the services of other health professionals when they needed specialist support.

People told us that improvements were needed to the quality of the main lunch time meal and the variety of meals at tea time. We saw that people taking lunch in the ground floor dining room had a considerable wait for their meal to be served and their preferences were not always considered.

People told us that they liked the staff and we saw that people's dignity and privacy was respected by the staff team. Visitors told us that the staff made them feel welcome and were approachable.

People were able to take part in hobbies or interests in a group or individually but felt that more social stimulation was needed.

People and their relatives were involved in planning and agreeing how they were cared for and supported. The care we observed matched the information on people's care plans.

There were quality assurance checks in place to monitor and improve the service.

Summary of findings

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.

Staff understood their responsibilities to keep people safe from harm. Staff were confident any concerns they raised would be listened to and appropriate action taken by the registered manager if necessary. Risks to people's health and welfare were identified and their care records described the actions staff should take to minimise risks. The recruitment practices in place checked staff's suitability to work with people. There were appropriate arrangements in place to minimise risks to people's safety in relation to the premises and equipment.

Good



Is the service effective?

The service was not consistently effective.

People were supported by suitably skilled and experienced staff. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They obtained people's consent before they delivered care and support but assessments were not always clear regarding people's capacity to make decisions. People's nutritional needs were met and monitored appropriately but people felt the quality and variety of food required improvement. People were supported to maintain good health and to access other healthcare services when they needed them.

Requires Improvement



Is the service caring?

The service was caring.

People told us they liked the staff. Staff knew people well and understood their likes, dislikes and preferences so they could be supported in their preferred way. People's visitors told us they were involved in discussions about how their relatives were cared for and supported. People's privacy and dignity was respected and their relatives and friends were free to visit them at any time.

Good



Is the service responsive?

The service was not consistently responsive.

People's care plans were regularly reviewed and updated when changes in their individual needs or abilities were identified. Staff supported people to maintain outside interests they had before living at the home but people felt that there was not enough activities inside the home. Complaints were responded to appropriately. The provider's complaints policy and procedure were accessible to people who lived at the home and their relatives.

Requires Improvement



Is the service well-led?

The service was well-led.

Good



Summary of findings

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. People told us the registered manager was approachable. There were quality assurance checks in place to monitor and improve the service and the manager had identified areas for improvement and was taking action to address these.

Poplars Nursing and Residential Care Home

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 provider is 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.

We carried out this inspection on 28 January and 2 February 2015. The inspection was unannounced.

The inspection team included two inspectors and an expert-by-experience who had experience in older people's services. An expert-by-experience is a person who has personal experience of using or caring for someone who used this type of care service.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we asked the provider during our inspection if there was information they wished to provide to us in relation to this.

We reviewed the information we held about the service. We looked at information received from the public, from the

local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with five people that used the service, six people's visitors, six members of staff and the registered manager. We observed care and support being delivered in communal areas and we observed how people were supported at lunch time.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. We used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care plans for seven people. We checked four staff files to see how staff were recruited, trained and supported to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the registered manager made to assure themselves people received a quality service.

Is the service safe?

Our findings

People who used the service and their visitors told us they felt safe with responses such as, “Oh yes, I feel safe.” One visitor said that because they felt their relative was safe they could, “Go on holiday and not need to worry.” This demonstrated that people trusted the staff.

People had access to information about local authority safeguarding, as this was available on the notice board by the registered manager’s office. Records showed that staff attended safeguarding training and learnt about the whistleblowing policy during their induction. The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff told us: “I would report any abuse and would not hesitate to go higher if I needed to.” Staff told us they would record and report any safeguarding concerns to management. Staff told us they were aware of whistleblowing policy and new they could contact external agencies such as the local authority or the care quality commission.

The care plans we looked at demonstrated that the registered manager assessed risks to people’s health and wellbeing. Where risks were identified care plans described how staff should minimise the identified risk. The staff we spoke with knew about people’s individual risks and explained the actions they took and the equipment they used to support people safely. Staff confirmed they had all the equipment they needed to assist people, and that the equipment was well maintained. The maintenance records showed that all of the equipment used was serviced and maintained as required to ensure it was in good working order and safe for people to use.

We saw that a planned programme of checks was also in place for the servicing and maintenance of fire alarm systems, water systems and water temperatures and call bells. This meant the provider took appropriate actions to minimise risks related to the premises and equipment.

Plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided information on the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person’s individual needs.

We saw staff were available to support people with care tasks and call bells were responded to in a timely way. The majority of visitors did not raise any concerns regarding the staffing levels in place to support people. One visitor said that they felt the staffing levels were reduced at the weekends. The rotas showed that the care and nurse staffing levels at the weekend were the same as in the week, which meant that people’s care needs were met by the same ratio of staff each day. The reduction in staff at the weekend was in the management team, administration staff and activity coordinators. The registered manager confirmed that a member of the management team was on call at the weekend to support staff if needed. The manager had identified that there was a need for activities at the weekend and told us that changes were in progress for activity coordinators to work at the weekend, to ensure people’s social needs were met.

In communal lounges that were not continuously staffed the call bells provided in the rooms were not easily accessible to people. We discussed this with the registered manager who advised that each person had their own call bell in their bedrooms which were portable. This meant people could keep their call bell with them at all times to call staff when needed. The registered manager confirmed that this would be put in place to ensure people carried their call bell with them so they could call for staff support when needed.

Staff confirmed a recruitment procedure had been followed before they commenced employment at the service that checked their suitability to work with people. Staff told us they were unable to start work until all of their required checks had been received by the manager. We looked at four staff’s recruitment records. One person’s records had no record of their Disclosure and Barring Service (DBS) check. The DBS is a national agency that keeps records of criminal convictions. The registered manager was able to provide evidence following our inspection, to show that a DBS check had been received prior to this member of staff’s employment. This showed that safe recruitment practices were in place because the manager checked staff’s suitability to deliver personal care before they started work.

Staff confirmed there had been improvements in the staffing levels and the registered manager was able to confirm that the majority of staff vacancies had been filled and agency staff were used as required to maintain the

Is the service safe?

staffing levels until a full complement of staff was in post. The registered manager did not use a dependency tool to determine the staffing levels. They confirmed that the provider was introducing a dependency tool to ensure the staffing levels in place met people's assessed needs.

People told us they were supported to take their prescribed medicine and confirmed that they received these as prescribed. One person and their relative told us that the staff were, "Good at medicines" and that they received their medicines, "On time." We observed one member of staff administering people's medicines. People were given a drink and time to take their medicines whilst the staff member stayed with them to ensure medicine had been

taken before recording this. Medicines were stored appropriately and records of administration and stock were kept to show they were administered in accordance with people's prescriptions and were available when people needed them. The medication manager and clinical lead conducted regular checks to make sure the quantity of medicines available matched the records in place. Staff confirmed that only staff that had been trained administered medicine. A senior carer told us that if a person refused a medicine on three consecutive occasions they would contact the GP for advice. This demonstrated that staff had guidance to follow.

Is the service effective?

Our findings

One person's visitor said that their relative, "Relates to staff, has good relationship with them even though [name] does not talk, they [staff] read [name] body language." One person told us the staff were: "All nice, helpful and no complaints." People we spoke with told us the staff were good and offered their support when they needed.

People received care from staff that were supported to be effective in their role.

Care staff we spoke with told us their induction included reading care plans, training and shadowing experienced staff and told us they felt supported during their induction. The registered manager told us that 85% of the care staff team had a qualification in health and social care and the staff records seen demonstrated this.

Staff we spoke with told us they received training that enabled them to meet people's needs. We found staff's descriptions of how they cared for and supported people matched what we read in their care plans. This showed us that staff understood people's needs and abilities. A member of care staff told us that there was two staff in the home that had been trained to cascade training to other staff and told us: "That's useful because it means we have people on site to go to if we have any questions." We saw from the providers training records that staff were kept up to date in training to ensure they were working to current guidelines.

The registered manager told us they were in the process of undertaking one-to-one supervision meetings for all the staff, as they were behind schedule on this. Some of the staff we spoke with confirmed that they had received supervision in the past and were aware that this would be due again soon. One member of staff who had recently commenced employment told us that they knew when their supervision meeting was due as they had been advised by the registered manager. Staff told us that they felt supported by the management team and said they were approachable and available to speak with if needed. This demonstrated that staff felt supported in their work.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. We found the provider had trained their staff in

understanding the requirements of the MCA. We saw that staff gained people's verbal consent before supporting them with any care tasks and promoted people to make decisions; such as regarding choices in food and drink and participating in activities. This demonstrated staff respected people's rights to make their own decisions when possible.

When people lacked capacity most people had capacity assessments and best interest decisions in place; however two people's records did not clearly reflect their capacity. One person did not have a capacity assessment in place even though their pre admission assessment had identified that they lacked capacity. Another person had an assessment in place that did not offer the necessary information. This meant that people were at risk of not being assessed appropriately to ensure their rights were upheld.

The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. We saw the registered manager completed a DoLS assessment for each person to make sure the care and support that was planned did not amount to a deprivation of a person's liberty. The registered manager confirmed that applications to the Supervisory Body would be completed when it was identified that a person's liberty was at risk. At the time of the inspection no one had a DoLS authorisation in place.

The lunch time meal option was written on the board in the main dining room. We observed that when people did not want this option an alternative was offered. The majority of people felt that improvements could be made to the meals provided. Comments included: "It could be better. It's not appetising, no flavour". People also commented on the teatime meal. One person said: "Tea is boring." Everyone we spoke with told us they enjoyed the breakfasts and one person's visitor commented on this saying that breakfast was enjoyed by their relative.

We observed the lunch time meals. In the main dining area people were escorted to the dining area in advance of the meal being served. We saw that although people were seated in the main dining area on the ground floor, meals were firstly sent up to people on the first floor before people in the main dining area were served. The time taken

Is the service effective?

from people being seated in the main dining area to receiving their meal took 45 minutes. The quality monitoring officer from the local authority had also identified this at their last visit in November 2014.

On the first day of our inspection the staffing levels were reduced at the beginning of the lunch time period in the main dining room. This was because the main lift had broken down and staff were busy carrying food upstairs. When the meals were served we heard staff saying that because some staff were busy carrying food upstairs, they would pour the gravy on the plates rather than take the jug of gravy round to ask who would like it. This practice did not demonstrate that people's preferences were taken into consideration.

The care plans we looked at included an assessment of the person's nutritional risks. The cook confirmed that staff shared relevant information with them so they knew people's individual dietary needs and preferences.

Some care plans identified people were at risk of dehydration. Care plans provided clear instructions to staff on how to support people. Fluid monitoring charts were in place but not suitably completed. This meant that we could not be assured that accurate records were in place, which put people at risk of dehydration.

One visitor told us that if their relative was unwell; "They [the staff] always get the GP in." Information in people's care records demonstrated that the staff referred them to health professionals, such as GPs and dieticians to ensure their health care needs were met. The records showed that people's weights were monitored and the appropriate actions were taken when needed, such as referrals to speech and language therapists. People and their visitors confirmed that health care professionals were available and told us that their health care needs were met.

Is the service caring?

Our findings

People and their visitors told us they liked the staff. One person's visitor said: "Staff are lovely, very pleasant and polite." A person that used the service told us: "All of the staff are nice here; I often have a laugh and a joke with them."

We observed staff interactions with people who appeared to enjoy staff's company and were relaxed in talking with them. Some people preferred to spend time in their bedrooms during the day and staff respected this. We observed one member of staff spent time speaking with each person sitting in one of the lounges. One person demonstrated that they did not want their protective clothing removed after their lunch a staff member said that they would not remove it and told the person not to worry. This demonstrated a caring approach towards people.

Over lunch time staff supporting people that were living with dementia were attentive and we saw they encouraged people to eat through general conversation and prompting.

Staff we spoke with told us they enjoyed working at the home. One member of staff told us: "I really love it here and the staff are lovely and pleasant." Another member of staff told us: "I have been here a few years now and although it can be stressful, I love the job, it's so rewarding."

Relatives we spoke with told us they could visit at any time and were always made to feel welcome by the staff team. One relative said: "The staff always make us feel welcome, they are very friendly." People's visitor's told us they were kept involved with any care issues. One person said: "They have phoned two or three times, there is communication both ways, they phone up straight away." Another person's visitor told us that the home organised for their relative to go into hospital due to illness and this person said they were extremely pleased with how the home dealt with this matter.

People told us staff respected their privacy and dignity and we observed staff supporting people in a dignified way when providing support. For example when supporting people with using equipment the staff ensured people were covered with a blanket to maintain their dignity.

Is the service responsive?

Our findings

At our previous inspection we found there was a breach in meeting the legal requirements for respecting and involving people. This was because there was no information in people's care records regarding their choices and preferences or hobbies and interests. During this inspection we saw that each person had information recorded regarding their likes and dislikes and their life history. This information included people's past interests and hobbies. People were supported to maintain outside interests they had before living at the home. One person told us they were a member of different clubs before moving into the home and confirmed that the staff supported them as needed to continue attending.

At our previous inspection we found there was a breach in meeting the legal requirements for complaints. This was because there was insufficient evidence to demonstrate that all complaints had been addressed to ensure people's welfare was maintained and that their concerns were taken seriously. During this inspection people we spoke with and their relatives told us that if they had any complaints they would report them. We saw there was a copy of the complaints policy on display in the home and records were kept of complaints received and showed these had been addressed.

People and relatives we spoke with told us that staff responded well to their care needs. However most people, that relied on the home for social activities felt there was not enough to do during the day to keep them occupied. One person told us: "They [the staff] try, but everything costs money. To sit in a chair is murder. I was an active person. It's the same every day." This person told us of their feelings regarding the day to day life within the home by saying: "Just boredom really." Another person's relative said: "No stimulation, plenty of times when people are just asleep in the lounge."

Two activities coordinators were employed at the home and we saw that an activity was scheduled for each week day. On the first day of our inspection the schedule stated that one to one activities were taking place with people. We did not observe these and staff told us that these sessions

were undertaken with people who stayed in their bedrooms and people living with dementia. On the second day of our inspection, bingo was scheduled and we saw that this took place. This demonstrated that although an activity was scheduled each day there were periods of time when people were not involved in any social activity within the home. This was discussed with the registered manager who confirmed that plans were in progress to change the activities coordinators shifts to ensure activities could be provided on a more frequent basis.

Other activities took place such as visits from people providing faith meetings and a hairdressing service three days each week. One person told us: "I do like having my hair done, it always makes me feel better." Records showed that external entertainers also came to the home on a regular basis to provide musical entertainment.

A daily newsletter was provided for people living at the home. This included historical facts and reminiscence topics, along with quizzes and memory games. We saw that the daily newsletters were available for people within communal areas.

One staff member said that although there were two activity co-ordinators it would be nice if they could do more with people that were living with dementia. We observed that there was little sensory equipment available to people living with dementia. We were told that there was some sensory boxes on the walls but since the home had been decorated these had not been put back in place.

We saw care plans were updated to identify any changing health needs and that the relevant professionals were contacted when needed. For example on person who had difficulty with swallowing had been referred to the appropriate professional and an action plan was in place instructing staff on how to support this person safely with their fluid and dietary intake. Staff told us that care plans were reviewed monthly and that people's relatives were invited to be involved in six monthly reviews. People and their relatives confirmed that they were involved in reviews of their care. One person's relative told us: "We have just had a review with the manager, in fact we've had a few and we are always invited to give our views, so I would say I definitely feel involved."

Is the service well-led?

Our findings

At our previous inspection we found there was a breach in meeting the legal requirements for notifications of incidents. This was because the previous manager had not notified the commission, as required about two safeguarding investigations that had been undertaken by the local authority and an incident that resulted in an injury to a person who used the service. At this inspection we found the registered manager had notified us about important events that affected the welfare, health and safety of people that used the service so that, when needed action could be taken.

People and their visitors told us that the registered manager was approachable and accessible to them. One visitor told us: "I often have a chat with the manager; she is usually available and always has time to speak with me." The registered manager conducted one to one meetings with people and their relatives. People we spoke with considered that this was a positive step following previous relative's meetings. One relative talking about the original group meetings told us, "It got heated and everyone was talking over each other." People's relatives told us they could approach the staff, including the management team to raise any issues and confirmed their views were taken into account at these one to one meetings. This demonstrated that the registered manager had been proactive in providing a more effective method for relatives to discuss any issues or suggestions.

We observed a staff handover. This was a means of staff coming on duty to be updated with any changes to people's needs. Staff were informed of how each person was and any changes in their care plan. This demonstrated that the communication between the staff was maintained so they had the right information to support people appropriately.

The staff we spoke with told us that the management team were supportive. One staff member told us the registered manager, deputy manager and clinical lead were all visible and approachable. Staff told us the general communication and support within the staff team was good. One member of staff said "I feel more supported by my peers." "The nurses and carers work well together."

The provider had implemented the Alzheimer's Society 50 point checklist. The purpose of the checklist was to focus on inspiring and improving culture change in dementia care. We saw that certain elements of the check list had been put in place at the home. For example staff uniforms were not worn at the home. The reason given for this is that 'staff looked like 'best friends' and not like nurses in charge.' We saw that the provider was using the Dementia Care Matters guidance from the Alzheimer's Society to measure and review the support given to people living with dementia. This had resulted in the decision to move the accommodation for people living with dementia to the ground floor to support the guidance in the 50 point checklist.

The registered manager kept a record of the checks they made of the quality of the care. We saw that audits had been completed and improvements made where actions had been identified. For example a health and safety audit had identified that first aid boxes required restocking and this had been done. The kitchen audit showed that some decanted food had not been dated and the records showed that this had been done to ensure kitchen staff were not using food items that were out of date. One person's care records that we looked at had a care file audit form which showed their file had been part of a quality audit. The records showed that the registered manager audited three care plans a month to ensure information was up to date and reflected people's current needs.

We saw that although improvements were needed to ensure people were provided with more social stimulation, the registered manager had identified this and was taking action to address this.

There were appropriate data management systems in place. We saw that care records were kept securely in a lockable room. We saw people's confidential records were kept securely in the nurse's office so that only staff could access them. Staff records were kept in a locked cabinet in the administration office which meant they were kept confidentially and were available when needed.