

Appcourt Limited

Poplars Care Home

Inspection report

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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

Poplars Care Home is a residential care home for 27 older people with a range of needs, including living with dementia. The home is managed by a home manager.

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

People told us they liked living in the home and they felt safe. Staff demonstrated a good understanding of the provider's safeguarding and whistleblowing policy. Medicines were safely managed.

The home manager conducted regular health and safety checks of the building. Staff worked effectively within their infection control policy.

The home was clean, bright and very welcoming. People's rooms had been decorated to their individual choices and preferences. Before people moved into the home management conducted a detailed assessment to ensure the home could meet people's needs. People were supported to eat healthy food. Staff supported people to attend their health appointments.

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.

We saw some caring interactions between staff and people living in the home. People told us the staff were caring and kind. Staff respected people's privacy and dignity. People were supported to be as independent as possible. The home had an activities worker who organised activities during the day.

People's care was planned around their specific and individual needs and care plans were regularly reviewed and updated. Staff worked with specialist nurses to support people at the end of their life. Relatives told us they knew how to complain.

The home manager completed regular checks and audits on the quality of the service and acted if they observed any shortfalls. There was an open and transparent culture within the service, people were asked their views about the service and these were acted on.

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 (02 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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 Care Act 2014.

Inspection team

The inspection was completed by one inspector, a member of the CQC medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Poplars care home 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. The registered manager worked across four different sites. The home manager was responsible for the day to day management of the home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information including notifications we had received about the service since the last inspection. Notifications are about incidents and events the provider must tell us by law, such as abuse. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the, registered manager, nominated individual, manager, chef and five care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted three professionals who regularly visit the service and we spoke with two members of staff.

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 the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider had recruitment procedures in place. However, they were not always following these procedures because they did not have a record to show the full employment for one member of staff. We spoke with the home manager about this and they responded immediately during and after the inspection by obtaining this information and forwarding this to us.
- The provider had recently amended the rota following feedback from staff. Staff were feeling short of time due to one member of staff having to prepare the evening meal. Management listened to staff concerns and held a meeting with staff and as a result have amended the rota to ensure there is adequate staff to keep people safe.

Using medicines safely

- People received their medicines as prescribed, medicines were given individually with a clear explanation. The home had one staff member who over saw the administration of medicines. During our inspection we observed three people receiving their medicines.
 - Some people were prescribed medicines 'as required', such as pain relief. The home had detailed protocols in place to identify how people would show the need for these medicines and how often the medicine could be given.
 - There was evidence of reviews of medicines by the homes GP's. This provided staff with a detailed record of reviews of medicines. All medicines affecting people's mental wellbeing were reviewed every six and eight months and any changes recorded as above.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and harm. People and their relatives told us they felt safe. One person told us "I feel safe".
- Staff had a good understanding of how to keep people safe and told us there was always someone available in the office if they needed guidance and support.
- Safeguarding concerns had been raised with the local authority, and notified to CQC, as needed.
- Staff understood whistleblowing and there was a policy in place. One member of staff told us, "I know to contact the CQC if I am concerned about someone's care."

Assessing risk, safety monitoring and management

- Risks to people had been considered, assessed and planned for. People's files contained detailed information about potential risks and guided staff as to how to reduce these risks. Since the last inspection risk assessments had been updated to reflect a traffic light rating for risk (Low, Medium and High) to easily

help staff identify the possible risk and what action was required. We saw an example of this for supporting people who were at risk of falls. People who were at risks of falls had a risk assessment detailing how best to manage the possible risk. Alongside this, some staff had been trained as falls champions which meant they had received extra training to understand the impact of how medication could affect mobility. This meant that staff had a greater awareness of how to support individuals who were at risk of falling.

- Risk assessments and people's care records were audited and reviewed regularly to ensure they were complete and appropriate to the person's current needs. When people's needs changed risk assessments were updated.
- The environment and equipment were safe and well maintained. Audits were carried out regularly. Information was stored in a clear way and management had systems in place for auditing trends and responding to concerns if they arose.
- The fire alarm system was checked and serviced in line with manufacturing guidelines and there were personal emergency evacuation plans in place which included information on their mobility and how they may respond to an emergency.

Preventing and controlling infection

- Staff understood the importance of managing infection. As part of the provider's infection control policy the manager reviewed people's antibiotics to highlight any possible infection risk and possible side effect. If a potential risk was identified the home had developed an action plan to try and mitigate the risk of infection.
- During the inspection we spoke with the house keeper who explained the cleaning schedule and demonstrated how they cleaned certain areas of the home. They told us staff wore personal protective equipment such as aprons and gloves in line with the provider's policy.
- The home completed monthly audits in line with their infection control policy. These audits looked at areas such as the kitchen, disposal of waste, environment, spillage and contamination. If an issue was raised, there was evidence of a clear action plan been implemented to address any issues.

Learning lessons when things go wrong

- The home manager understood the importance of learning from things went they went wrong. The provider had clear systems in place to analyse data such as concerns raised, accidents and incidents and safeguarding concerns. This information was used to look for themes and trends and we could see clear action was taken to reduce the risk of future reoccurrence. This information was shared with staff at handovers and during team meetings and supervision.

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 as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to maintain a balanced diet. Catering for the home was provided by an external company. Food was prepared, frozen and then delivered to the home. The resident chef prepared and served the food on site. People and their families were aware of this process and were consulted on food choices and options. The home operated a four-week rolling menu and we saw evidence of people completing taste tests and providing feedback on this menu.
- If people did not like the food, the provider or family members could provide an alternative and the chef would prepare the food on site. One person told us this restricted their food choice as the kitchen was not operating as a catering kitchen. We spoke with the home manager about this and they assured us the kitchen had the correct facilities to cater for people's individual choices and preferences.
- The provider had recently reviewed their breakfast menu and had consulted with people using the service. Because of feedback from people, the provider was now offering different cooked breakfast choices at the weekend.
- Any risks associated with people's eating and drinking were assessed and managed with appropriate specialist advice. This included the provision of texture-modified meals and thickened drinks to reduce the risk of choking.
- The chef had information on people's likes and dislikes and food allergens. Food was sourced to cater for people's cultural and religious preferences.
- People were encouraged to maintain a healthy diet. The provider had created daily reports which recorded people's food and fluid intake. When it was appropriate, people were regularly weighed and, if required staff made referrals to the GP or dietitian for advice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home. The provider had recently updated their paperwork to include a section on sexual orientation. The Nominated Individual (NI) told us it was important for people to feel they could discuss their identity/sexual orientation and for the home to ensure staff respected their wishes.
- People's care was planned and delivered based on national guidance and standards. Care was delivered in line with people's individual assessments and regularly reviewed.
- People's interests and aspirations were considered as part of the assessment and reflected within care planning. From reading people's care plans we were able to see information about their past, upbringing, children and employment histories.

Staff support: induction, training, skills and experience

- People were cared for by well trained staff. Staff new to the service were supported with an induction programme. Staff told us they felt they had a good induction before they started, and felt confident to undertake their role. One person told us they received "two weeks of orientation before they started to work independently but they still did not feel comfortable and after discussing this with the registered manager they had arranged further training."
- Staff had training to meet the needs of people living in the home. People and their relatives told us that staff were well trained. One relative said, "Yes, staff know what they are doing, they are very experienced." Throughout the year the home provided staff with a variety of external face to face training to ensure they had all the necessary knowledge to provide good care and support. The home had also been proactive in ensuring staff attend training provided by the local authority.
- Staff told us they felt well supported. Staff had regular supervision which gave them the opportunity to discuss their learning and development needs. One staff member told us, "We have supervision, and team meetings, there is lots of support."

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

- The registered manager had effective working relationships with commissioners of adult social care. Staff worked alongside healthcare professionals to support people to access a wide variety of services depending on people's need which included the district nurse, GP, optician and chiropodist. This information was inputted clearly within people's care records.
- Staff knew the people they supported well and were able to quickly recognise when a person's needs had changed, or they were becoming unwell. The staff took part in regular handovers throughout the day. This ensured staff were informed about people's changing needs and helped to ensure people received consistent care and support
- The staff recently received training regarding oral health care. As part of the learning from the training they had introduced a new scheme to replace people's tooth brushes every three months. A dentist visited the home and people completed oral hygiene reviews as part of the care planning process.

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

- The home was not a purpose-built block and the layout could have been difficult to navigate. However, the management had spent a lot of time decorating the building to ensure it was bright, welcoming and homely.
- The garden was well maintained and there was plenty of seating for people to enjoy the sun or sit in the shade. We saw photographs of people working in the garden and planting new flower beds. During our inspection we sat with people in the garden and chatted with them.
- The majority of the bedrooms had been updated, carpets had been replaced and door frames were painted in a different colour to the walls so that people could distinguish bathrooms and their bedrooms. This improved signage helped distinguish the different rooms and this helped people find their way around the home. People's rooms were clean and bright, they were personalised reflecting people's interests. On the front of people's doors there was information which was coded to help staff know if people were at risk.
- Throughout the building the home had developed memory walls which were called memory lanes. These walls were filled with items that allow people to reminisce. There was one wall with old photographs of the town and information on the local histories and places of interests. There was also a wall of memorabilia relating to the World War and famous films that have been made throughout the years. One person had worked in the post office so the home had created an area of memorabilia relating to work carried out by the postal services. There was another wall that had sports equipment relating to people's interests in sport.
- Set within the lounge there was a 'memory wall' with old items, such as washing powder, medicines

packaging and old sweets that people would be familiar with. Every week there was a 'tuck shop' where people could purchase sweets and confectionary.

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

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

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

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

- Staff understood the principles of the MCA and they had received training.
- The manager had effective recording methods in place for managing the residents DoLS applications. The registered manager was aware of the requirement to notify the Care Quality Commission following the approval of DoLS applications.
- The provider had made applications for DoLS authorisations based upon an individual assessment of people's capacity and care arrangements.
- The provider had also introduced a bed rails risk assessment form to assess if people needed a bed rail and whether this was the least restrictive option for the person.
- Some people had problems swallowing their medicines and we saw that they had best interests assessments to allow their medicines to be given covertly. These were all signed by the home's GP and pharmacist and helped show us the home was working within the principles of the MCA.

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 has now remained the same. 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

- Staff were kind and caring and treated people well. One person said, "I would give the staff 10 out of 10, they are so kind, and nothing is too much trouble for them." Relatives also mentioned staff were kind and caring.
- Throughout our visit we saw staff engage with people in a kind and courteous way. One person was distressed during our visit and we saw staff engage with the person in a sensitive way.
- People were relaxed and comfortable in staff's presence. It was clear staff had known the people well and they had built up positive relationships. One person had a special birthday and the staff organised for the Mayor to visit to join in the celebrations.
- The provider promoted the equality and diversity of people regardless of their individual circumstances. People were not treated differently or less favourably, based on their specific protected characteristic, including areas of race, gender, disability, religion or belief, sexual orientation and age.

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

- People were encouraged to voice their views and be involved in decisions about their care and support.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care they could manage for themselves and which they needed help with.
- Staff knew how to support people to access advocacy services if required. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to manage their independence wherever possible. People told us they were actively encouraged to do as much as they could for themselves. Staff told us they would support people to maintain their independence by encouraging and supporting them to be involved in their care routines.
- This year the home participated in dignity action day, alongside this the home had a dignity audit tool. The aim of the audit tool was to help the service ensure they were delivering a good quality service which respected people's dignity. An example of this was management recognised staff knocked on people's doors before entering in the morning, however, throughout the day people had returned to their rooms and staff had opened the doors without knocking having assumed the person was not there. Management raised this as part of the action plan. Once it was brought to staff's attention they saw an overall improvement in this area. The registered manager reflected this was done because of having completed the dignity action toolkit.

- People told us staff respected their privacy and dignity. One person said, "My privacy and dignity are maintained the curtains are closed when they care for me. "
- Staff understood key principles in relation to maintaining confidentiality and protecting people's personal information.

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 good. At this inspection this key question has now remained the same. 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

- People received personalised care responsive to their needs. Care records were informative and reflected people's individual needs, including social, religious and cultural needs. Staff told us care plans were informative and gave them the guidance they needed to care for people.
- Care plans were reviewed monthly or in response to changing needs to help ensure they remained up to date and accurate. Within one person's care plan we saw how they had written to the manager expressing they didn't want staff to be concerned about their weight gain or loss as they were very happy with their weight. We saw evidence in the care plan showing us how staff had respected this person's wishes.
- During our inspection we saw information on how best to support two people during the night who were at risk of wandering. Staff were encouraged to sit with each person till they felt safe, comfortable and asleep as this was a helpful tool to support the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed and documented as part of their care and support plan. The staff had a clear understanding of people's communication needs and had tools which could be used to improve residents' access to and use of information.
- During the inspection we saw the activities worker speak to the registered manager about sourcing books in larger print size.

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

- Staff supported people to take part in daily activities which were meaningful and which people enjoyed. Within people's care plans staff had completed a "Map of people's life" this information provided staff with detailed information about the person's past. This information was used to develop a range of activities which reflected people's interests. Many of these activities were scheduled for the afternoon and the manager explained this was because people had requested this. However, each morning people were encouraged to participate in chair-based exercises or physio.
- The provider arranged various activities which reflected people's specific interests, preferences and past hobbies. Activity records showed people had enjoyed various activities in the home, including trips out to local parks, cafes and clubs. The home manager told us "The home used a tool to coordinate activities

which reflect people's interests, for example one person had a sight impairment so the home developed activities which were sensory based. "

- The service had developed lots of strong partnerships with the local community. Each month the home welcomed local musicians to entertain people. The staff also arranged for a local dance group to come in and sing songs which were reminiscent of people's past interests. People also attended a local tea dance every month.

- The provider was also committed to engaging with intergenerational care which brings the younger and older generation together. As a result, the home had regular visits from youth groups and a local nursery had started to visit, and the staff were planning to formalise this partnership in the future.

- Each week the home welcomed a local faith group which offered religious support to the many different cultures living in the home.

- Each quarter the home hosted a relatives' and advocates' afternoon which allowed people the opportunity to come and meet staff and participate in some activities and enjoy some refreshments.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. We reviewed the home's complaints policy and we found that the home was acting within their policy. The nominated individual told us, "The policy is to respond to concerns before a complaint can be made." We saw emails from a relative raising concerns and the provider had responded to the issue straight away.

End of life care and support

- People at the end of their life were supported to have a dignified and comfortable death. During the inspection a relative of someone who had recently passed away visited to see staff and they told us that the home had acted with such care and compassion when their relative was dying.

- We reviewed two end of life care records. People's end of life wishes were recorded and we saw the home was working closely with other organisations to develop and deliver end of life care when required. Not everyone wished to have these discussions and this choice was respected but this was noted within the care plan.

- The registered manager told us all staff had received end of life training provided by the local authority and we saw evidence of this within the training matrix.

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 as good. At this inspection this key question remained the same. 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

- The home was well managed and the management team were visible to residents and staff at the home and residents spoke highly about the management team. One stakeholder said the "manager is very passionate about care." The nominated individual spoke about the importance of working alongside staff to ensure people receive the appropriate care and support.
- Staff told us they felt listened to and that the management team was approachable. Staff felt able to raise concerns and they felt the management team would proactively address their concern.
- There was a clear vision and set of values at the service which were shared by all management and staff which focused on people receiving good care and support.

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 under the Duty of Candour and communicated openly with people and their relatives when things went wrong. The ethos of the service was to be open, transparent and honest.

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

- The registered manager was responsive to the needs of the people and supported staff well.
- The registered manager of the home was furthering their skills and knowledge with leadership training.
- The registered manager and the management team kept themselves up to date with current legislation and best practice guidelines through, amongst other things, attending further training and events organised by care groups and local clinical commissioning groups, as well as sharing information within the organisation with other managers. The home manager was the co-chair of the providers forum which was hosted by the local authority.
- The management team were aware of their roles and responsibilities including what events they needed to notify CQC about.
- Information related to people and staff was stored securely and treated in line with data protection laws.

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

- The views of people were sought. The management team had developed effective systems to gather

feedback from people and staff. Twice a year the provider conducted a survey to gain feedback about people's experience. Since the last inspection they had introduced a new survey format for people to make completing it easier. We saw the survey had been analysed and an action plan had been developed to identify the issues residents had raised. The action plan detailed what immediate action could be achieved and what longer term solutions were required.

- Staff received supervision and appraisals in line with the provider's policy. We reviewed staff records and we could see that supervision was used in a constructive way to address concerns and support staff. Within staff appraisals we saw requests for rota changes to accommodate staff's home life and we saw this had been accommodated.
- The service participated in the National Care Home Open Day this year. In planning this day, the home liaised with lots of local business which donated prizes which were used for the raffle. On the day the home was opened to the public and they hosted a variety of activities and fundraised for a local charity.

Working in partnership with others; Continuous learning and improving care

- The registered manager had a good working relationship with commissioners of care and had effective communication processes in place. The management and staff team had developed positive working relationships with health and social care professionals which assisted in improving outcomes for people. We received feedback from one social care professional who noted the home sent back requests for information without needing to be chased and how the home actively engaged in local strategic groups
- The management team and staff attended training updates to reflect on their practice. They attended conferences and workshops looking at good practice in care. This information was cascaded to other staff to further develop their knowledge and share learning.