

The Poppies Residential Care Ltd

The Poppies

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

The Poppies 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 Poppies provides accommodation and care for up to 12 people, across two floors. There were nine people living at the home at the time of our visit.

At the last inspection in March 2016 the services was rated Good. At this inspection we found the service remained Good. The evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

People continued to be supported to stay as safe as possible. Staff took people's safety needs into account and responded to their individual safety needs, whilst promoting their independence. There were sufficient staff to care for people, spend time chatting with them and meet their needs.

Systems were in place to promote the safe administration of people's medicines, and to reduce the likelihood of errors occurring. People benefited from living in a home where checks were made on the safety of the home and the support provided. Learning was taken from any untoward incidents.

People's care preferences and needs were assessed before they came to live at the home. The views of other health and social care professionals were considered when staff assessed if they would be able to meet people's needs.

Staff had taken opportunities offered to develop their skills and knowledge further, and people were complimentary about the way they were cared for. We saw staff used their skills and knowledge of people's individual preferences when caring for them.

People told us they decided what they wanted to eat and drink and enjoyed their meal time experiences. Where people needed some support and encouragement to have enough to eat and drink staff assisted them. People benefited from living in a home where staff had developed positive relationships with health care professionals. This helped people to get the specialist help they needed promptly.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Strong bonds of friendship had grown between people and the staff who cared for them, and people told us they were treated very kindly by staff. This was evidenced in the respectful way staff supported people and took their rights to dignity and privacy into account. Staff supported people in ways which maximised their independence.

People, their relatives and other health and social care professional's views were the focus when staff planned people's care with them. This helped to ensure people were offered care which reflected their unique needs and levels of independence. Staff adapted how they supported people, so people were in the best position to make their own decisions about what care they wanted.

There were systems in place to support people to raise any concerns they had or to make a complaint. Everyone we spoke with told us they had not wanted to make any complaints because the care provided was good.

The registered manager spent time supporting and chatting with people, so they could be assured people were receiving good quality care. People were positive about how the home was run and told us this meant they liked living at the home. Relatives were complimentary about how the home was managed.

We saw effective way of working had been established with other organisation so people would continue to benefit from receiving the care they needed. Staff told us they were supported well, and were confident if they raised any concerns or made any suggestions to develop care further the registered manager would take action.

Checks were made by the provider and registered manager so they could be sure people received good care.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Poppies

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 checked 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.

This comprehensive inspection took place on 4 October 2018 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We requested information about the home from Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who use the service and monitoring its safety and quality.

During the inspection we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. 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 spoke with six people who lived at the home and two relatives, to find out what they thought about the care provided. We gained the views of a health and social care professional who provided support to people living at the home. We also spoke with the registered manager and four staff members.

We reviewed three people's care records, and checked how people were supported to take their medicines. We looked at staff recruitments checks and reviewed how the registered manager monitored the quality of the care provided. We saw the actions the registered manager took to develop the service further. This

included minutes of meetings with people and their relatives, minutes of staff meetings and analysis of accidents and incidents. We saw procedures showing how staff would respond to any complaints. We also saw how staff communicated people's changing needs with other health and social care professionals, so they would continue to receive the care they wanted, as their needs changed.

Is the service safe?

Our findings

When we inspected the service in March 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

We found the actions taken by staff and the systems in place supported people to be as safe as possible. People and their relatives were positive about the support provided by staff to promote people's safety. One person told us staff talked to them about their safety needs, and supported them to stay as safe as possible. The person said us, "They [staff] make sure there [are] fire drills, and remind me to wear a hat, so I don't get sunburn when I go in the garden. They make sure I am safe when they help me to move." We saw staff worked at people's pace when they assisted them to move safely.

Staff understood the risk to people's safety. One staff member explained some people were at risk of choking. The staff member explained how they had been supported to obtain advice from other health and social care professionals, so they would be able to reduce risks to people living at the home. Another staff member told us about the support they provided to people with sensory needs, so risks to their safety were reduced. The staff member told us this was done by ensuring possible hazards were removed, so people could continue to be as independent in the safest way possible.

Staff demonstrated they had a clear understanding of different types of abuse and what action they would need to take in the event of any concerns. Staff knew how to raise concerns with other health and social care professionals, and were confident the registered manager would act if they raised any concerns.

Records showed us staff adjusted the way they promoted people's safety as their needs changed. For example, by considering the safest environment for people, as their mobility altered.

Staff demonstrated they had a clear understanding of different types of abuse and what action they would need to take in the event of any concerns. Staff knew how to raise concerns with other health and social care professionals, and were confident the registered manager would act if they raised any concerns.

There were enough staff to care for people. Every person we spoke with was positive about the staffing levels, and told us they were supported by staff who knew their safety needs well. One person told us they had recently needed prompt support from staff. The person told us, "I did not have to wait long for help." Relatives and staff were complimentary about the way staffing was organised. One staff member said, "You have enough time to support people on a one to one basis. It makes a lot of difference to people; you can chat to them, so they are less anxious." Staff gave us examples of times when staffing was increased, so people's changing needs would be met.

We saw people had the equipment they needed to seek assistance from staff, such as pendant alarms. We also saw staff promptly reassured people if they were anxious.

People's medicines were managed safely. People told us they could rely on staff to provide them with the

medicines they needed to stay well. Staff told us they were not allowed to administer people's medicines until they had been trained, and their competency checked.

Staff told us some changes had been introduced to the way medicines were administered. These included staff administering medicines wearing tabards, so everyone living at the home would be aware they were focused on supporting people to have their medicines, safely. In addition, daily checks had been introduced on the medicines held. We saw there were checks undertaken on the way people's medicines were administered. We also saw in minutes of staff meetings staff were encouraged to reflect on their practice to further reduce the risk of errors.

There were systems and processes in place to reduce the chance of people acquiring infections. People told us staff always wore gloves and aprons, when staff were assisting them with personal care, so the risk of infections were reduced. One person told us they liked living at the home because, "It's so clean here." Staff confirmed the registered manager had made enough equipment available to support good infection control, so people did not become ill.

Staff and the registered manager explained how learning from safety incidents, such as the administration of medication, had been used to improve the care provided. Records we saw showed us the registered manager monitored the cleanliness of the building, and accidents and incidents so they could be assured people's safety needs were being met.

Is the service effective?

Our findings

When we inspected the service in March 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People's needs were assessed so appropriate care could be planned for them. People and their relatives said they were involved in assessing the care required. Two staff told us people often came for short stays at the home, so they could make their own decision about moving in, based on their stay.

We saw the registered manager worked other health and social care professionals, so they could be sure they were able to meet people's needs. This included when considering if it was appropriate to readmit people to the home, after their needs had changed. Records showed us staff considered people's health and wider needs as part of the assessment process. For example, if people needed any specialist support, such as equipment, to meet their sensory or health needs.

People benefited from living in a home where staff developed their skills and knowledge, so their needs were met. One person said, "I've told staff they do everything really well." Relatives were positive about the way staff cared for their family member.

Staff were complimentary about the training they received. One staff member said, "I know how to help people without hurting them or me." The staff member told us because of the training they had, they had been complimented on their skills by the people they cared for. Records showed us the types of training staff attended reflected the needs of the people living at the home.

There were systems in place to ensure people had the support they needed to have enough to eat and drink, so they remained well. People told us they enjoyed the food prepared for them. One person told us they regularly spoke with the Chef about what they would like to eat. The person told us, "The food here is good." Staff knew which people required support to manage their food safely. Staff also knew if people liked to eat together, or in the privacy of their own rooms. People told us their preferences were acted on. We also saw people were encouraged to have enough to drink, and a variety of drinks were available for people to help themselves to. Records showed us people's fluid and nutritional intake was regularly checked.

People gave us examples of the support they received from staff, so their health and independence would be maximised. One person told us, "Staff always get the GP if I need them." The person said staff had recently arranged for their optician to come to see them.

Staff gave us examples of the ways they worked together and with other organisations so people would receive the support they needed. Staff told us this included regular work with people's occupational therapists and GPs, to ensure people's medicines were regularly reviewed and people were supported in the best way possible. We saw staff met at each shift change to communicate any information about people's changing needs. This included any actions which needed to be addressed, so people's physical and emotional health needs were met.

As part of this inspection, we spoke with a health and social care professional who supported people who lived at the home. The health and social care professional told us, "[Staff] are constructive in their advice, guidance or visit request. They are great patient advocates. They have treated [person's name] as an individual and listened to [their] needs." Records showed us staff were taking appropriate measures to support good health outcomes for people.

People told us they liked their rooms, and had made their own choices about how these reflected their interests and personalities. The registered manager gave us an example of where they had involved a person and their family in decisions about alterations to their room layout, so their changing needs would be met.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw staff were following the right process, so people's freedoms were respected.

People told us staff respected their decisions. We saw staff listened to the choices people made and supported them to remain as independent as possible. Records showed us staff had been given guidance on the best way to support people to make their own choices. Where this was not possible, records demonstrated staff considered supporting people in the least restrictive way, and in the person's best interest.

Is the service caring?

Our findings

When we inspected the service in March 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People told us they liked the staff who cared for them. One person said, "The carers [staff] here are brilliant. If you ask me what I would give them out of ten, I would say ten out of ten." Relatives told us their family member had built strong bonds with the staff who cared for them. One staff member said, "I've not been here long, but I really love the people here, it's like being with your family."

People enjoyed including staff in their discussions and day to day life. People were comfortable and relaxed with staff, and enjoyed sharing a joke with them. Staff knew what was important to people, and took time to include them in the day to day running of the home, so people knew they were valued. Staff spent time chatting with people about what mattered to them. We saw when people were anxious staff reassured them promptly, so they would recover as quickly as possible.

People told us they made their own decisions about their day to day care. One person explained they decided when they wanted to get up and to go to bed, and said staff respected their decisions. Staff explained people were encouraged to make decisions about day to day life at the home, such as their preferred menus, at regular meetings with staff. We saw the relationships forged between people and staff gave people the confidence to make their own decisions, and these were listened to. By doing this, people received the care they wanted in the ways they preferred.

Staff gave us examples of how they checked people were making their own decisions. One staff member explained some people sometimes needed extra support to make their own choices. The staff member said, "You give people time to decide, and you check your understanding by repeating their decisions, so you are sure it's what they want." Staff listened to the choices people made and supported them to remain as independent as possible. We saw people were confident to ask staff for support if they wanted it, such as assistance with changing their clothes, so they would be more comfortable. We also saw staff promptly assisted them.

People's care was planned to reflect their rights to dignity and independence. One person explained staff were always careful to ensure doors were secured, before offering to care for them. By doing this staff were ensuring the person had their privacy and dignity needs met. One staff member told us some people had a preference for which gender of staff supported them with intimate care. The staff member explained staffing was organised so people's preferences were met. People confirmed this happened.

We saw people's care records were stored securely, to maintain their privacy. Records showed us staff had taken time to find out about people's histories, likes and dislikes and who was important in their lives. Care plans reflected where people could undertake elements of their own care, so their independence would be promoted.

Is the service responsive?

Our findings

When we inspected the service in March 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People and their relatives continued to be involved in making decisions about the care they wanted, and how this was planned. One person told us they and their family had been involved in choices about the care they wanted after their needs changed. As a result of the way staff had worked with the person, their family and health professionals they were able to enjoy returning to the home quickly, after spending some time in hospital. The person told us this was helping them to recover well.

Staff were positive about the guidance provided within people's care plans. One staff member told us care plans gave them information on people's care preferences and said, "Care plans tell us what they [people] need help with."

We saw people were confident to ask staff for the support they wanted and that staff helped them. One person told us they had decided overall what care they wanted, but sometimes liked to make their own choices on a day to day basis. The person told us, "They [staff] help if any of us want assistance with anything."

People's unique needs had been considered when their care was planned. People told us they were confident staff would support them with any individual spiritual needs they may have. One person told us staff helped them to enjoy using talking newspapers, so they could keep up to date with local events. Another person told us how important it was to them that staff helped them to keep in touch friends, when attending local clubs.

Staff gave us examples of the ways they ensured people with sensory needs could take part in things they liked to do. This included enjoyable things to do with other people living at the home, such as playing skittles. We saw staff supported people to consider interesting things they might like to do, such as playing dominoes, chatting with staff and engaging with items which were important to them.

Staff knew people well and used different ways of involving people in decisions about their care. This included showing people items to choose from and providing time for them to make their own decisions. Records showed us staff had considered people's individual needs, preferences and goals when planning their care. In addition, people's care plans prompted staff to maximise people's independence and confidence. People's care was reviewed regularly, so staff were assured they were receiving the care they wanted, as people's needs changed.

None of the people we spoke with had wanted to make a complaint about the care they received. People told us they were happy with the support provided. One person told us, "I have been here five years and I have not needed to make any complaints. That's how good the care is here." Staff knew how to support

people if they did want to raise any complaints or concerns. We saw there were systems in place to manage and monitor complaints if these were made.

Is the service well-led?

Our findings

When we inspected the service in March 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

A registered manager was in post at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

People and their relatives were positive about the way the home was managed and the care provided. One person told us they loved living at the home and were well-cared for. The person said, "The best things about living here are the staff, the other people, [and] the food. It's just brilliant." People told us they saw the registered manager often, and said they also provided care to them. The registered manager advised us they liked to help with people's care, so they could see if they were well and having the care they wanted. We saw this happened during our inspection.

People, their relatives and staff were confident if they raised any concerns, or made suggestions about their care, the registered manager would address these, so people would continue to enjoy living at the home. Three people told us they took part in regular residents' meetings. One person told us this helped them to be involved in the running of the home. The person said they talked about what meals they might like to have and told us, "We talk about what we want to do." Records showed us people were listened to and their suggestions actioned. We also saw these meetings were used to check people felt safe, their privacy was respected and they received the care they wanted at the best time for them.

Staff gave us examples of suggestions they had made, so people would benefit from living in a home where their care was developed further. These included possible activities for people to enjoy, and ways to maintain and promote people's independence. We saw some of the staff suggestions were adopted. The registered manager gave us examples of how they encouraged people to be involved in the running of the home. For example, potential staff spent time chatting with people and the registered manager asked people for their feedback on the potential staff.

People's relatives and staff highlighted how effectively staff worked as a team. Staff told us about the systems and processes which had been put in place to support them to provide good care, such as regular meetings to communicate and plan people's care. Staff gave us examples of the positive impact this made to people's well-being. One staff member told us the registered manager's focus was on the needs of the people living at the home. The staff member told us, "[Registered manager's name] will always work with you, to [resolve] any problems."

One health professional told us the timely way staff communicated and worked with them had driven good health outcomes for a person they supported. The health professional told us, "We worked with them very closely to get [person's name] the right help at the right time. We have made care decisions with [person's

name], family and staff to accommodate their needs and wishes." The health professional told us staff put the interests of the people they cared for first. The health professional said, "This has built a good professional relationship and I look forward to working with them."

Staff told us they were also supported to provide good care to people through regular supervision, staff meetings and discussions with the registered manager. One staff member highlighted how supported they were when they first came to work at the home. The staff member told us because of this support, they had been complimented by people living at the home on the care they had provided.

The registered manager said, "I want residents to feel they are in a friendly and homely environment and they are contented, and listened to." We saw the registered manager undertook checks on the care provided. These included checks on people's medicines, accidents and incidents and the safety of the home. The registered manager also monitored staff training and ensured they actions any recommendations for improving people's care made by other organisations. The registered manager told us they were supported by the Provider, who regularly came to check people were happy living at the home, and had the resources they needed. This included resources to maintain a clean and comfortable environment, so people would continue to enjoy living at The Poppies.

The registered manager told us about areas they wished to develop further, such as offering information in different ways to people, so they could be sure people had the support they needed to live fulfilled lives, as their needs changed.