

Essex County Care Limited

Poplars

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 inspection took place on 4 March 2016 and was unannounced.

Poplars provides accommodation and personal care for up to 37 older people and people who may be living with dementia. The service does not provide nursing care. At the time of our inspection there were 27 people using the service.

There was a registered manager in post at the service. 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 were safe because the management team and staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

There were sufficient staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People's health and social needs were managed effectively with input from relevant health care professionals and people had sufficient food and drink that met their individual needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People were treated with kindness and respect by staff who knew them well.

Staff respected people's choices and took their preferences into account when providing support. People were encouraged to enjoy pastimes and interests of their choice and were supported to maintain relationships with friends and family so that they were not socially isolated.

There was an open culture and the registered manager encouraged and supported staff to provide care that was centred on the individual.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

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

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

Staff understood how to protect people from abuse or poor practice.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received the support and training they needed to provide them with the information to support people effectively.

People's health, social and nutritional needs were met by staff who understood their individual needs and preferences.

Where a person lacked the capacity to make decisions, there were correct processes in place to make a decision in a person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Is the service caring?

Good ●

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and respected their need for privacy.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

People were encouraged to be fully involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People's choices were respected and their preferences were taken into account when staff provided care and support.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed.

There were processes in place to listen to people's concerns or complaints and to use the information to improve the service.

Is the service well-led?

Good ●

The service was well led.

The service was run by a competent manager who demonstrated a commitment to provide a service that put people at the centre of what they do.

Staff were valued and they received the support they needed to provide people with good care and support. Staff morale was high.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

Poplars

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.

This inspection took place on 4 March 2016 and was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including information from the local authority. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with three people who used the service and two relatives about their views of the care provided. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the registered manager and three members of the care staff team.

We looked at three people's care records and examined information relating to the management of the service including health and safety records, recruitment and personnel records, staff rotas, quality monitoring audits and information about complaints.

Is the service safe?

Our findings

People felt safe and relatives were confident their family members were kept safe. A relative told us their family member was, "Absolutely safe, very much so. We know [our family member] is in safe hands here." Another relative said that their family member had told them, "I'm not frightened here."

Staff understood safeguarding processes and were aware of their responsibilities to identify and report concerns or poor practice. In discussions with us staff displayed confidence that they would be fully supported if they raised concerns and said that the manager encouraged openness. A member of staff told us they would go to the manager if they had any worries or if they saw something that they were uneasy about. Another staff member said, "We know about safeguarding and whistleblowing. I've done this in the past and it was acted upon." We saw from our records that the manager had correctly reported a safeguarding issue and it was dealt with appropriately.

We saw that there were processes in place to manage risk and people's care records contained assessments of risks relevant to the individual. Where a particular risk was identified there were measures in place to reduce the risk for the person to an acceptable level without placing unacceptable restrictions on them.

The premises were well maintained and safe and regular health and safety checks were carried out to identify what maintenance was required.

The registered manager explained the staffing levels in place and how they were calculated taking into account the dependency needs of people using the service. In the lounge where people had higher dependency needs there was an additional member of care staff. We saw that there were sufficient staff to meet people's needs and people were not kept waiting when they needed assistance.

The provider had systems in place to recruit staff that helped to keep people safe because relevant checks were carried out before newly recruited staff were employed. This included Disclosure and Barring Service (DBS) checks to confirm that an applicant was not prohibited from working with people who needed care and support. Personnel records confirmed that appropriate references had been taken up before a new member of staff commenced in their role.

The provider had systems in place for the safe receipt, storage and administration of medicines. There was a monitored dose system in place where people's prescribed medicines were delivered pre-dispensed into sealed individual pots, which were stored securely. We saw that staff administering people's medicines followed good practice and medicines administration record sheets were completed correctly.

The manager had processes in place for auditing medicines. Senior care staff carried out a weekly check and the manager also carried out random checks throughout the week, which were documented. Every month a full audit was carried out by the manager. Staff spoken with were knowledgeable about people's prescribed medicines.

Is the service effective?

Our findings

Relatives were complimentary about the way staff provided care and support. One relative said, "I couldn't be happier. The staff are absolutely fantastic." and another relative told us, "They're brilliant, supportive of us as a family."

Through discussions with us staff demonstrated knowledge and understanding of people's individual needs and told us they felt they got the correct training to enable them to carry out their role. A member of staff explained about the induction process and felt they received the support they needed. Another member of staff explained that they had face-to-face training, sometimes getting together with staff from another service for training sessions. We saw from the staff training matrix that the manager had a well organised training plan that identified when staff were due to have training updates. The manager explained that they had in-house training days and staff confirmed that they felt these were effective. A member of staff said, "The training's good, especially the dementia training."

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. Care records confirmed that a formal assessment tool was used to document the person's memory and MCA assessments were carried out to assess an individual's ability to make day-to-day decisions. There was a checklist to guide staff through the assessment process and staff told us they had received MCA training and understood the importance of carrying out assessments.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that, where appropriate, DoLS applications had been made to the local authority. Staff understood their responsibilities and were able to give examples of actions that may deprive someone of their liberty.

People enjoyed the food and there were systems in place to meet people's nutritional needs. A relative told us, "The food is very good. The cook knows what [my family member] can and can't eat. They have choice every day." We saw that people were encouraged to choose what they wanted to eat at lunch time and where people needed support this was provided thoughtfully and sensitively.

Staff had a good understanding of people's preferences as well as any specific assessed needs around nutrition. Nutritional needs were assessed using a nationally recognised tool, the Malnutrition Universal Screening Tool (MUST). Input was sought from the dietician and a plan was put in place for the individual, including weekly monitoring of the person's weight. A member of staff explained that when a person was assessed as being at risk because of poor appetite they would encourage fortified food so that the person had sufficient calories to avoid further weight loss.

We saw from people's care records that the pre-admission assessment identified people's physical and health needs. Staff had a good understanding of people's assessed health needs. A relative told us that their family member had moved to the service after a period in hospital and explained that staff and the manager had been very supportive and the doctor had been called in to monitor the person's health and check on recovery. They said, "This is the right place for [my family member]." Another relative praised the service for the good communication, particularly when their family member was ill. "They responded very quickly and were very prompt to contact us."

A member of staff told us that when people had specific health needs they received training so that they understood the person's condition and knew what they should do to provide the correct support. They gave us an example of how to meet the needs of someone with Parkinson's Disease. Staff had also had training in understanding diabetes. District nursing services had also provided training for senior staff so that they could monitor people's blood glucose levels and liaise with the district nurse if levels were not within the correct range for the individual.

The manager explained that they were part of the Prosper initiative through the local authority. Prosper seeks to improve safety and reduce harm for people in care homes primarily from falls, pressure ulcers and urinary tract infections. They do this by supporting the development of staff skills through education and culture change. The manager explained that some staff had attended 'Prosper Champion' days and the knowledge and skills were brought back and shared with other staff so that all staff became champions. The training they had taken part in gave the staff the skills to understand the importance of nutrition and hydration in keeping people healthy and reducing falls and pressure ulcers. We saw that increasing people's fluid intake by encouraging them to drink regularly throughout the day was one of the methods staff used to help prevent urinary tract infections which could contribute to people having falls.

The premises were used effectively to meet the needs of people who lived at the service. There was sufficient communal space so that people could choose whether they wanted to socialise or whether they preferred a quiet area. For example there was a quiet lounge upstairs where people could relax or where they could meet with visitors away from the main lounge. One person who lived at the service had in the past been worked in the entertainment business. The person had a collection of vinyl records from the 1950s and staff had decorated a small lounge with records and other music memorabilia for the person. Other people enjoyed using the room as well as they liked the 'retro' theme. Some new signage had been put up to assist people who were living with dementia to make sense of their environment. Development of some further dementia friendly areas was being considered and the manager was looking at ways to continue making improvements.

Is the service caring?

Our findings

We observed that staff demonstrated kindness when providing care and support. A relative told us that they did little things that made a difference. They said, "[My family member] had a cold. They made a jug of hot lemon and honey to sip, just like at home."

Another relative told us, "They make people feel special. When it's someone's birthday they have a birthday tea and cake. At Christmas they give everyone a goody bag with things like toiletries." We saw caring interactions between people and staff. For example, it was someone's birthday when we visited and we saw staff laughing and joking with the person, who evidently enjoyed the friendly banter. A relative told us, "You feel like you belong. They know you and you can banter back."

A relative explained that there was a good atmosphere at the service and staff carried out care and support, "with friendliness and fun." A member of staff told us, "You can have a laugh with people here. It's really relaxed."

Staff understood what to do should someone become distressed and they knew how to relieve their anxieties. A relative told us, "Staff are brilliant at keeping [my family member] calm." We observed that the atmosphere was calm and staff were observant of people's moods so that they could provide support if anyone became anxious.

Staff understood the provider's 'dignity challenge' which stated that there was a zero tolerance of abuse and that people were to be treated with respect and as individuals. Staff were guided to help people maintain their independence and to encourage people to make choices. Listening to people's views and their concerns was important to staff. The manager told us that staff were mindful of their responsibilities to alleviate people's loneliness and help them to avoid isolation.

We saw that staff treated people with consideration and when they spoke with us about people's care they used language that was respectful and polite. Care staff provided care and support discreetly and maintained people's dignity when providing personal care.

People's end of life care needs were met with empathy and kindness. A relative told us that they had been involved in making decisions about end of life support. They told us the doctor had been consulted and they felt well supported and were part of the decision making process.

Is the service responsive?

Our findings

People received person centred care that met their needs in ways that they preferred. We saw from care records that people had their needs assessed and their care records contained evidence that the person or a relative acting on their behalf had consented to their plan of care. Relatives told us that they felt included and were involved in assessments of their family member's care. Staff knew people well, including their past history and they understood people's likes, dislikes and preferences. For example staff were able to tell us who were early risers and who preferred to get up later. Staff were also able to demonstrate knowledge of how people liked to spend their time, whether they liked to socialise and join in organised activities or whether they preferred to spend quite time alone.

People were able to take part in organised activities or could spend their time doing things that they wanted. We saw that a group of people were sitting in one of the lounges playing an organised board game supported by a member of staff. People showed they were enjoying the activity and they were smiling and chatting. Relatives told us that staff made time for people, whether it was having chats or taking people out for walks. If people preferred to have some quiet time in their rooms, staff respected their wishes but also made sure people knew if something was being organised.

We saw that people's views were respected by staff. A relative told us that their faith was very important to their family member. The said, "Staff are really good they will say a prayer with [my family member] because they know how important that is."

We examined systems for dealing with concerns and complaints. When a concern was raised it was followed up and acted upon to the satisfaction of the person who raised the issue. People told us that their concerns were listened to and relatives also confirmed that the manager and staff were always available to listen to any worries. People told us they could talk to staff or the manager if anything was upsetting them. Relatives felt their concerns were listened to. One relative said they had not had any concerns but they were sure that they could raise anything and something would be done about it.

Is the service well-led?

Our findings

A relative told us they felt the manager had really improved the service. They told us, "Things are a lot more organised. It's still friendly and the manager is very approachable. [The manager] supports staff to do their job."

The leadership of the service was visible and we saw that people living at the service and visitors found the manager approachable. Staff told us they felt that they were well supported and appreciated by the manager. An established member of staff described the manager as, "One of the best we've ever had. There is an open door and [the manager] also does hands on [support]." Another member of staff told us, "The manager is good, she will muck in and she will listen."

Staff told us the manager made it clear what was expected of them and staff said that they knew they did their job well and now they felt that it was appreciated. Each person's care records contained a document called 'the dignity challenge' which contained guidance for staff about the culture of the service and what was expected of them in the way they carried out their roles including how they provided care and support. Staff told us that morale was good. One member of staff said, "I love it here. Colleagues help."

The manager explained that some staff had been working at the service for a long time but in the past there had not always been a culture of showing staff that they were appreciated. The manager said it had been a priority to change this so that staff knew when they were doing a good job and it was now a daily practice to thank staff at the end of their shift.

There were effective quality monitoring systems in place to seek the views of people who used the service and their relatives. Feedback was used to improve the quality of the service. We saw records of regular meetings with families and saw that when issues had been discussed their views were respected and suggestions were followed up. The manager had recently introduced a feedback form so that people could record their views if they were unable to visit or preferred formal feedback.

Notifiable incidents were sent to us promptly and contained relevant information about how incidents were managed and the measures that had been put place to reduce the risks of further similar occurrences.

There were systems in place for managing records. People's care records were well maintained and contained a good standard of information. Records including those relating to health and safety, people's care, training records and personnel information were kept up to date. All documents relating to people's care, to staff and to the running of the service were kept securely when not in use. People could be confident that information held by the service about them was confidential.