

Poppy Lodge Care Residential Homes Limited

Poppy Lodge Care Home

Inspection report

4 Drake Road
Westcliff On Sea
Essex
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Tel: 01702342793

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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

Poppy Lodge provides accommodation and personal care for up to 16 people some of whom may be living with dementia. At the time of our inspection 16 people were living at the service. The service was provided in a converted house over three floors. There was access to the upper floors via a lift and stair lift.

At the last inspection, the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were 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.

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from allied health care professionals. The environment was appropriately designed and adapted to meet people's needs.

Staff were well trained and attentive to people's needs. Staff could demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them at the service. These activities were diverse to meet people's social needs. People knew how to make a complaint should they need to. People were provided with the appropriate care and support at the end of their life.

The registered manager had a number of ways of gathering people's views, they held regular meetings with people and their relatives and used questionnaires to gain feedback. The registered manager carried out quality monitoring to help ensure the service was running effectively and to make continual improvements.

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

Poppy Lodge 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.

This inspection took place on the 2 July and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection 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.

During our inspection we spoke with seven people, four relatives, the registered manager, deputy manager, two care staff, the chef and a health care professional. We reviewed three care files, three staff recruitment files, audits and policies held at the service.

Is the service safe?

Our findings

People and relatives were very complimentary of the service and told us that they felt safe living there. One person said, "It is all very calm here." Another person said, "All the staff are very good." A relative said, "Everyone is very friendly, there is an air of confidence."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. One member of staff said, "I would report anything to a senior or to the manager. If needed I could take it to a higher authority, like the CQC." The registered manager was fully aware how to raise safeguarding concerns with the local authority to protect people.

The registered manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). Each new member of staff was subject to a probationary period where they were closely supervised to ensure they had the skills and aptitude to fulfil their role and fit in with the culture and vision of the service. If new staff did not meet these standards during their probationary period a permanent contract would not be offered. The registered manager was very keen to only employ the most suitable staff for the role that fitted in with the organisations values.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The assessments covered preventing falls, moving and handling, nutrition and weight assessments and prevention of pressure sores. Staff knew it was important to follow these assessments to keep people safe. Assessments were regularly reviewed and kept up to date for staff to follow. One member of staff said, "If I was not sure of anything I would ask a senior or check the care plan."

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. The registered manager employed a general maintenance person for the day to day up keep of the service. For more specialised work the registered manager employed the appropriate contractors. There was regular maintenance of equipment used and certificates were held, for example for electrical and water testing. Following a recent legionella check recommendations were completed and regulator valves were fitted to safely regulate water temperature. There was a fire plan in place and each person had a fire evacuation plan completed showing the support they may need in an event of an evacuation.

There were sufficient staff to meet people's needs. The registered manager told us that they did not use agency at the service and permanent staff covered all the shifts required. They have actively recruited new staff following staff leaving to further their careers. The registered manager used a dependency tool as a guide to calculate staffing needs at the service. Throughout the inspection we saw that there were staff

available to spend time with people and to meet their needs. People and relatives, we spoke with told us that there was always staff available.

Medicines were managed and administered safely. People told us that they got their medicine on time and when they needed it. Only trained and competent staff administered medication which was stored safely in accordance with the manufactures guidance. We observed a medication round and saw that the staff wore a tabard to instruct people not to disturb them during the round. The member of staff spoke to people about their medication and sensitively asked them if they required pain relief. We reviewed medication charts and saw that these were all completed correctly. There was guidance in place for as required medication and homely remedies. Regular audits of medication were completed and policies and procedures were up to date.

Is the service effective?

Our findings

Staff were supported to complete training to develop their skills and help them perform their role. The registered manager held a training certificate so delivered and facilitated some of the training personally to staff. Other staff were also trained as trainers and could deliver training to staff on moving and handling. One member of staff told us, "I have just signed up to complete an NVQ level 2." Another member of staff said, "I am currently doing an NVQ level 5 and we recently did a dementia course." They went on to say how the dementia course helped them to recognise how noise levels can affect people amongst other things and how they had since reduced the noise levels at the service. The registered manager provided staff with a mixture of on line courses as well as having face to face training with trainers coming to the service. They told us that staff had recently all completed a first aid at work course. In addition, staff were supported to complete nationally recognised qualifications to support them with their careers.

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. A new staff member said, "I came in and met people first for a few hours, then I worked some shadow shifts to get to know everybody and the routines." The registered manager met with new staff regularly and monitored their performance and provided guidance and support where required. Staff that were new to care were supported to complete the 'Care Certificate' this is an industry recognised award which helped staff to gain the skills and knowledge they needed to support people. Staff told us that they had regular staff meetings and supervision with the registered manager to discuss the running of the service and their performance. In addition, the registered manager completed observations on staff practice and discussed this with them to provide guidance where needed and recognition of good practice. Each member of staff also received an annual appraisal.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. We also saw assessments of people's capacity in care records had been made. This told us people's rights were being safeguarded.

People were very complimentary of the food. One person told us, "The food is surprisingly very good." Everyone we spoke with agreed that all the meals were very tasty. People had a choice over what they wanted to eat and also what time they preferred to eat their main meal. There was a hot option provided both for the lunchtime and evening meal. We observed a lunchtime meal which people confirmed was very enjoyable.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight for signs of loss or gains and made referrals where appropriate to the GP for dietitian input. Where appropriate the cook provided special diets such as fortifying people's food to encourage weight gain. We noted from records that there had been a steady increase in people's weight since the new chef had been in post.

People were supported to access healthcare. The registered manager had developed links with a local GP practice to provide healthcare at the service. Either the GP or practice nurse visited weekly to review people's healthcare needs. In addition, the service has good relationships with the district nurse and palliative care team. People were supported to have all their healthcare needs met including attending hospital appointments.

The environment was appropriately designed and adapted to support people. Most people had their own room however there were some shared rooms. Rooms were only shared with people's consent. There was access to a large garden from the conservatory and we saw that people could walk freely into the garden and sit outside if they wished.

Is the service caring?

Our findings

People told us that they were happy living at the service. A relative told us, "We are very happy with the service, we wouldn't want to go anywhere else." People frequently told us that the staff were very good, one person said, "The staff will do anything for you they are all very good."

Throughout the inspection we noted there was a very calm and relaxed atmosphere and this was commented on by people and relatives. We saw that staff had positive relationships with people and we saw them laughing together. One person said, "We can always have a laugh and joke." We noted that people also enjoyed each other's company and that there were friendship groups that had formed at the service. One person told us, "We like to sit together and have a chat." Another person told us, "I like to sit here so that I can see what is going on with everyone."

Staff knew people well including their preferences for care and their personal histories. Staff told us that they try to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. We saw care plans were very detailed and contained biographies of people's life so far as well as containing all the details of how they preferred to be supported. People were supported to follow the routines they chose such as when to have their meals or when they wanted to go to bed or get up. We saw it was clearly recorded for example if they chose to only have a female care worker support them. The registered manager told us that they had changed some of the staff shift times to accommodate that some people preferred to go to bed later during the summer due to the lighter evenings.

People told us that staff respected their privacy and promoted their dignity. Some people shared rooms at the service, this was done with their agreement and should they require privacy, curtains were in place to separate the rooms. Staff told us that one person requested to move into a double room as they preferred company at night. The registered manager told us that people had access to religious support should they chose to have this and that people's cultural needs were respected. People were encouraged to maintain contact with friends and relatives and they could visit people at any time. One person told us, "My son is in Australia they call me on the phone." They went on to show us a postcard that they had recently received.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and their relatives were actively involved in their care planning. Before people were admitted to the service the registered manager met with them and their family or carers to do a full assessment of their needs to see if they could be met by the service. Care plans were then formulated identifying how people liked to be supported. Care plans were then reviewed with people and updated at least monthly to ensure all care needs were kept up to date. Before people decided about coming to live at the service they or their relatives could look around the service to see if they thought it would meet their needs. A relative told us, "We looked around three different care homes but as soon as we came here we liked it. There was a good atmosphere everyone was friendly. I would recommend this home to other people and have done."

The service was remained responsive to people's needs. The registered manager is proactive at involving other healthcare professionals as required to provide on-going support and review for people and their changing healthcare needs. In addition, they have continued with an on-going program to replace furniture and decorate the service as required.

Staff encouraged people to maintain their interests and links with the community. People were supported to go out with staff and relatives. We saw people going out with relatives and care staff during the inspection. One person was supported to go out three times a week and has continued their hobby at a local club. Some people told us that they enjoyed watching old films and socialising with others. We saw that some activities were organised such as quizzes if people wished to join in. There were also at times entertainers who attended to sing and they had recently held a coffee morning at the service in aid of an Alzheimer's charity.

The registered manager had a complaints process in place that was accessible and all complaints were dealt with effectively. People said if they had any concerns or complaints they would raise these with the registered manager. However, people told us they generally did not have any complaints. The service also received compliments one read said, 'I cannot fault the kindness of all the care staff'.

People were supported at the end of their life. The registered manager spoke with people and relatives and were clear about what people wanted at the end of their life. We saw that some people had 'do not resuscitate' documents in place that had been agreed with them and their relatives. Where people were actively receiving end of life care, the service worked with the GP and palliative care team to provide this.

Is the service well-led?

Our findings

The service has a registered manager in post and to support them they have two deputy managers. 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 relatives, we spoke with were very complimentary of the management of the service. One person said, "[Manager's name] is very good at their job." A healthcare professional told us, "This is a very good home, I always recommend it. The manager is very good."

Staff shared the manager's vision and values for the service. One member of staff told us, "We want to make people feel happy." Another member of staff said, "We want people to feel happy and safe, like a home. We encourage their independence."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff told us that they were happy working at the service and that they felt they had a good team. One member of staff said, "The manager has really helped me and taught me loads since I started working here." Staff told us that they attended meetings and had a hand over every day to discuss people's care needs. In addition, for important information to be shared they used a communication book. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service daily through their interactions with people. In addition, they held meetings with people and relatives to discuss the running of the service and to get their feedback. They also sent out regular questionnaires for people and relatives to complete. One relative said, "I have only just completed a questionnaire, but I can't find any fault with the service." We saw from questionnaires people were asked their opinion on the home, their comfort, privacy and dignity amongst other questions.

The registered manager reviewed and responded to the results where appropriate. In addition, they had a suggestion box and responded to these via a 'You said' 'We did' display on the noticeboard. One of the comments was from relatives saying they did not know staff names, so the staff now all wear clear name badges. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The registered manager had spent time making links with the community and health professionals to ensure people living at the service got the best outcomes available. For example, linking with the local GP to provide regular reviews of people's care. They had also involved 'The Prince's Trust' in a project to improve the garden, and had held events in support of the Alzheimer's society. The location of the service meant people could have easy access into the local community.

The registered manager had many quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, accident and incidents, health and safety, and environment. They used the information to provide them with a good oversight of the service and to see where they could make changes or improve the experience for people living there.