

Starfish Support Services Limited

The 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

We undertook an unannounced comprehensive inspection of The Poplars on 28 November 2018. This was the first inspection of the service since a change in its registration.

The Poplars 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 home can accommodate a maximum of six people with learning disabilities and autism spectrum disorder.

At the time of our inspection there were five people living at The Poplars. There are five en-suite bedrooms on the ground and first floors and a one bedroom flat on the second floor. People share a kitchen, living room and conservatory area.

This service also provided care and support to people living in 'supported living' settings close by. In supported living, people live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; we looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On our inspection we found that staff had a good awareness of safeguarding procedures, types of abuse and signs to look for, staff felt confident to report and that issues would be investigated.

People's risks were assessed appropriately with support plans detailed in how people could be supported safely. There were sufficient numbers of suitable staff to meet people's needs and keep them safe. Recruitment procedures were robust and the service had a well-established staff team.

People received their medicines appropriately. Medicines were stored and disposed of safely. More detail was required in people's care plans about 'as required (PRN)' medicines. The home was clean, people's risks and needs relating to infection control were identified with plans to support people.

Incidents were reported and learning shared. Staff were aware of the need to be open and honest when

things go wrong.

People's needs, choices and preferences were assessed and support plans detailed how people's needs were met. Staff supported people to manage risks associated with eating and drinking.

Staff were knowledgeable, skilled and had appropriate support and training to provide effective care. People were supported to maintain a healthy diet and to lose weight where needed..

People's health and wellbeing was promoted, people were supported to access health services such as the GP, optician, dentist etc. Professional advice was sought and adhered to, for example for speech and language therapy.

The premises met the needs of people, there were some cosmetic works needed, however these had been escalated to the provider to create a plan of works required.

Staff had a good understanding of mental capacity. Consent was sought from people to provide support and for access to records.

Staff treated people with compassion and respect. Staff understood people's emotional needs and care plans identified signs of anxiety and how to best support people.

People were actively involved in developing their support plans, people had maximum choice and freedom in what activities they did and what support they received. Staff recognised people's abilities and ambitions and celebrated their successes. Staff respected people's privacy and confidentiality.

People's care and support was personalised to meet their needs, choices and preferences. People were involved in planning their care and support, and their feedback was actively sought. People in the service were younger adults and the service had not provided any people with end of life care. We recommended the service implement best practice guidance in advance care planning with people.

There was a clear set of values and a culture of "person centred" in the service. Expectations of staff were clear and the registered manager was 'hands on' in role-modelling for staff. There was a clear quality assurance process in place which reviewed care plans, daily records of care, medicines and health and safety in the home. The registered manager took action where improvements were required.

People, staff and relatives were involved in planning care and support. Staff were encouraged to try new things and to positive risk take with people to explore new activities. The service worked in partnership with other agencies and commissioners, and worked with charitable organisations to ensure people have access to opportunities.

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 ●

Staff had a good awareness of safeguarding procedures, types of abuse and signs to look for.

People's risks were assessed appropriately with support plans detailed in how people could be supported safely.

There were sufficient numbers of suitable staff to meet people's needs and keep them safe. People received their medicines appropriately.

Incidents were reported and learning shared. Staff were aware of duty of candour and the need to be open and honest when things go wrong.

Is the service effective?

Good ●

People's needs, choices and preferences were assessed and support plans were detailed.

Staff were knowledgeable and skilled. People's health and wellbeing was promoted, people were supported to access health services and professional advice was sought where required.

People were supported to maintain a healthy diet. The premises met the needs of people.

Staff had a good understanding of mental capacity.

Is the service caring?

Good ●

Staff treated people with compassion and respect. Staff understood people's emotional needs and care plans identified signs of anxiety and how to best support people.

Staff recognised people's abilities and ambitions and celebrate their successes. Staff respected people's privacy and confidentiality.

Is the service responsive?

Good ●

People's care and support was personalised to meet their needs, choices and preferences.

People were actively involved in developing their support plans, people had maximum choice and freedom in what activities they did and what support they received.

People and families' feedback was actively sought and responded to appropriately.

Is the service well-led?

There was a clear set of values and a culture of "person centred" in the service. Expectations of staff were clear and the registered manager was 'hands on' in role-modelling for staff.

There was a clear quality assurance process in place which reviewed care plans, daily records of care, medicines and health and safety in the home.

The service worked in partnership with other agencies and commissioners, and works with charitable organisations to ensure people have access to opportunities.

Good ●

The 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 28 November 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we usually ask the provider to complete a Provider Information Return (PIR). This is a form that helps gather information about the service and helps to inform the inspection. This had not been requested due to an administration error.

We reviewed information we held about the home including previous inspection reports and statutory notifications. A notification is information about an important event which the service is required to send us by law. We also reviewed information contained within the provider's website.

During the inspection we observed people's interactions with staff and reviewed the premises. We spoke with the registered manager and four members of staff, three people living at The Poplars. We gained feedback from three people's relatives.

We reviewed records related to three people including their plans of care and risk assessments. We reviewed other records, including two medicines administration records, audits and quality assurance documents, team meeting minutes, policies and procedures, activity plans and meal plans.

Is the service safe?

Our findings

People living at The Poplars were familiar and comfortable with staff. One person told us, "I like living here. I am very safe here." One person's family member told us, "I have no doubt that [loved one] is safe and his various needs are well catered for."

People were protected from the risks of abuse. The provider had effective processes and procedures in place for safeguarding people. Staff had training in understanding safeguarding.

Staff knew about types and signs of abuse or neglect to be vigilant of and understood people's individual vulnerabilities. Staff were knowledgeable about signs to look for which may indicate issues, such as unexplained bruising, changes in behaviour or reactions to certain staff. Staff told us they felt confident reporting any concerns or issues and knew how to escalate issues if they needed to.

People were supported to do what they wished in a safe way. People's individual risks were assessed and people were involved in planning care and support to minimise their risks without limiting their freedom.

Staff knew how to support people in a safe way. Staff were aware of people's individual risks and needs. For example, one person had limited road safety awareness – staff understood the person needed to be accompanied outside of the property, which the person had agreed to. People's records were up to date and detailed. People had detailed risk assessments with information for staff on how best to support people safely.

The property provided a safe environment for people. The registered manager undertook health and safety audits to review the property and equipment. People had personal evacuation plans in case of fire.

There were sufficient numbers of suitable staff deployed in the service to meet people's needs and to keep them safe. Staffing levels were calculated based on people's needs and preferences. Rotas were completed to ensure there were appropriate numbers of staff with the right training on duty to support people. The service had its own "bank" of staff to cover leave and sickness, and used some agency staff. The service sought to use the same bank and agency staff to improve continuity of support.

Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were supported to manage their medicines safely. Medicines were stored and disposed of appropriately and records showed people received their medicines when they needed them. Staff were appropriately trained and had their competencies to administer medicines checked before they administered independently. There were appropriate stock check and records audits, and any errors were

appropriately reported with actions taken in response. People's level of required support was assessed and people were supported to manage their own medicines if possible.

There was limited information in people's medicines administration charts about 'as required (PRN)' medicines. Records detailed the prescription, reason for use and maximum dosage. However, a protocol with more detail was required to ensure it is clear when to give these medicines and when to refer to another professional. Records were limited in stating how staff would know, for example, if a person was in pain – if they were able to articulate this, or if not what the signs would be. One person had a topical cream, there was no body map of where the cream should be applied or where it had been applied. Staff we spoke with knew people well and understood their needs and how they communicated, so the risk of harm to people was minimal. We brought this to the attention of the registered manager who agreed to take immediate action to update people's PRN guidance.

People were protected from the risk of infection. Staff had appropriate training and the home was clean and tidy. There was a cleaning rota for people living in The Poplars, people were encouraged to manage their own cleaning with staff support. One person told us. "I have my cleaning days, I strip my bed and do the washing." People's individual infection control risks were considered and staff understood good infection control practices.

Staff felt confident to report incidents and understood the need to be open and honest when things go wrong. Staff told us that incidents were responded to fairly, one member of staff said, "The same rules apply to everyone." Incidents were used to improve practice and were treated as a learning opportunity. Learning was shared with staff through team meetings to reduce the chance of re-occurrence.

Is the service effective?

Our findings

People received care and support in line with their needs. People's individual needs were assessed, including their protected characteristics under the Equality Act. The protected characteristics are nine characteristics which are protected in law from discrimination, such as religion, race and gender.

Staff were supported to develop skills and knowledge to provide effective care. Staff had training in positive behavioural support and autism to learn about the best ways to support people. One member of staff said, "The autism training helped cement what we were already doing...it was good to be able to apply the training in practice."

Staff were experienced and knew people's individual needs well. Staff told us they had a good induction when new to the service and undertook shadow shifts to get to know people. Staff were employed on a probationary period to ensure they are suited to the role. Best practice was shared through updated training and team meetings with staff and through regular supervision.

People were supported to eat and drink enough. Risks relating to eating and drinking were considered and people were supported to minimise them. One person had been supported to lose weight and move towards a healthy weight range through education and encouragement from staff. They were supported to monitor their weight and to choose healthy meal options. Staff had helped to tie in healthy choices to saving money, and had enabled the person to save up for activities they wanted to do.

People planned their meals. Staff supported people to choose what they wanted to eat and to plan food shopping. Some people had identified they wanted more independence and so had goals set to improve their meal planning, shopping and cooking skills.

Staff understood the importance of nutrition and hydration in supporting people's physical and mental health. Staff had worked with one person to identify dietary triggers for deterioration in their mental health so that they could avoid these foods and drinks.

People were supported to lead healthy lives and had access to healthcare services. Staff sought professional guidance where needed and worked with other organisations to ensure people had effective support in place. People were supported to have regular dental check-ups, GP reviews and eye tests.

People's families fed back positively about the proactive approach of staff. One person's relative told us, "The healthcare protection offered to the residents I find is very good, medical care and advice is given when needed without delay." Another relative told us, "[Loved one] has had times when he has been in a 'bad place'...but the staff have always stood by him and [sought] the appropriate help from doctors and his psychiatrist."

People were supported to move into more independent living from residential care settings. The provider offered both residential housing and owned three properties providing supported living. The supported

living properties had been acquired to enable a person to move on to be more independent, while getting continuity of care from staff. One person's relative told us, "[Loved one] has had continuity of care from the staff at The Poplars, which is a major benefit."

The building was adapted to meet people's needs. One person was looking to develop more independence in the home, so the provider had adapted the loft to create a one bedroom flat. People could decorate their rooms as they wished and have personal items to make it their own. One person showed us their room and said, "It's nice, I like it."

People had access to communal areas, and privacy when they preferred. The property had a large garden which the service used to host garden parties and events. The property was secure, ensuring people were safe.

People were involved in planning their care and support. People were supported to have as much choice and control of their lives as possible. Staff had a good understanding of mental capacity and people's ability to consent. People's capacity to make bigger decisions had been assessed. Where people did not have capacity to make a decision independent advocates were utilised to support people to be involved in decisions made in their best interest.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may not have 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 make a decision, any decision made on their behalf must be in their best interests and as least restrictive as possible. We found the service was following the principles of the Act.

Some people in the home had Deprivation of Liberty Safeguards in place. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We identified that the home was following appropriate procedures to ensure people were not unlawfully deprived of their liberty.

Is the service caring?

Our findings

People at The Poplars were treated with kindness and compassion. Staff were respectful and spoke with people as equals. People had developed familiar and close relationships with staff, who knew them well. One person's relative told us, "[Loved one] is well looked after and is invariably happy which, to me, says everything."

Staff recognised people's ambitions and abilities. Staff were proud of people's achievements and celebrated their successes. For example, one member of staff told us they had been working with people on fire safety awareness. They were recently at the local pub with people when the fire alarm went off, and they all got up and evacuated the building without prompting. The member of staff said, "I couldn't wait to tell everyone, I was so proud."

Staff took time to get to know people, to understand their background and personal histories. Staff understood signs of distress and responded to support them. For example, when speaking with us, one member of staff heard a someone on the stairs and immediately left to support them saying, "I know that noise."

Another person came into the manager's office and told the registered manager, "I don't feel well." The registered manager offered to speak with them, and later explained that the person became sad around the Christmas Holidays due to their personal history. The person usually communicated this as not feeling well, or feeling sick. They later came back and said they were feeling better after their chat.

One member of staff told us, "Knowing people, you can see when something is not quite right in their behaviours or what they say...[I'll] ask people if they want a quiet chat. When chatting, the conversation might go all over the place and one little snippet might be about what the problem is, so [you learn] to pick up on that and explore it more."

Staff knew how to best communicate with people and supported them to be involved in making decisions about their care and support wherever possible. Staff adapted their approach and worked to remove barriers to communication, for example one person communicated using Makaton. Makaton is a way of communicating that uses signs and symbols with spoken language for people with communication difficulties.

The service involved people and those who were important to them in decisions. The service also utilised independent advocates to provide independent support and advice to people for bigger decisions.

Most people living and receiving support from The Poplars were moving from adolescent services. The registered manager and staff understood the challenges this posed and the specific support people and families would need during this transition.

One person's family member told us, when looking for a placement for their loved one, "The Poplars was the

only one that stood out as being like a family home, with caring staff who understood what it was like for someone living in support, and for their family too."

Staff respected people's privacy and dignity. People's personal space was respected, staff asked or knocked before entering people's rooms and respected people's private time. Staff respected people's confidentiality and information was kept securely.

Is the service responsive?

Our findings

People received care that was personalised to meet their needs. One person's relative told us, "Staff care for [people] with incredible compassion, and under the direction of [the registered manager] ensure that all their day-to-day needs of the residents are met."

People were involved in planning their care and support. People's needs were fully assessed. Care and support plans considered people's skills and abilities and promoted people's independence. The registered manager was an "emotional first aider", which meant they had additional training and skills to identify and respond to people's emotional needs.

Staff understood people's personal histories. Staff responded quickly to people expressing signs of emotional distress. Staff ensured people were safe and spent time understanding what was the cause of people's distress and talking through their feelings.

People's support plans contained detail of how best to communicate with people. Staff understood people's communication needs and found ways to remove barriers to communication. One person in the home had limited verbal communication, and so staff used Makaton with spoken words to communicate. Another person had very limited verbal communication when they moved in, staff had worked with them to use Makaton and drawing. They were now able to communicate their needs and wishes, which had also reduced their symptoms of anxiety.

People were supported to follow their hobbies and participate in activities that interested them. One person showed us their collection of musicals and soundtracks, sang along with staff and told us they were going to see a new musical at the cinema soon.

One person's relative told us, "At the moment [loved one] has the most wonderful keyworker, who has strived to find daily activities for him to enjoy, and has even looked at his finances to help him make the most of his money and save where he can. This has meant that [he] now has a little more money to be able to do activities that he previously had not been able to afford to do."

People were encouraged to maintain relationships with people who were important to them. People's friends and relatives were able to visit and were made welcome. One person's relative told us, "The times I have visited, I have been met with enthusiasm and the staff always gave me a full brief."

People were comfortable raising concerns with staff. All concerns, complaints and comments were recorded and responded to. People's relatives knew how to raise a concern should they need to, and were confident that any issues would be resolved. The service actively sought feedback from people's families and responded to any feedback they received.

People in the service were younger adults and the service had not needed to support anyone with end of life care. The registered manager stated they would work with other organisations to create an end of life care

plan, should this be required. It is considered best practice to capture people's wishes with regards to decisions about potential significant events, end of life care and care after death. This is known as advance care planning.

We recommend the service utilise best practice guidance to implement advance care plans with people.

Is the service well-led?

Our findings

The service was well-led by an experienced and knowledgeable registered manager. The service had a clear "person-centred" approach, staff were positive and proud to work there. One member of staff told us, "I really enjoy coming to work." Another said, "You couldn't find a better place to work."

The registered manager was hands-on and role-modelled for staff. Staff respected the registered manager, one member of staff described them as "fantastic". Staff told us the registered manager had an "open door policy" and was "always [there] for advice and ideas". One person's family member told us the registered manager was "wonderful".

The expectations and standards for staff were clear. Staff had a good level of support and supervision from the registered manager and there was a clear leadership structure in place. Staff were positive and supportive to their colleagues. One member of staff told us, "The best thing [about working here] is working with a good staff team."

The registered manager and staff promoted an open and transparent approach. Incidents were considered opportunities for learning and improvement. People's families also told us of the open approach of the service. One person's relative told us, "At any care establishment there will always potentially be some issues, and there have been over the 13 years, but with the transparency that [the service] operates on, any problems can always be solved."

The quality of care people received was reviewed regularly. There was a clear quality assurance process in place which reviewed care plans, daily records of care, medicines and health and safety in the home. Any issues highlighted through these processes were acted upon.

People, staff and relatives were involved in planning care and support. People met with their key workers regularly to review their support plans, activity plans, meal plans and goals. People's relatives were involved as much as possible and where appropriate. Where people did not have family, independent advocates were involved to support them.

People were supported to express their views about the service. The service also sent an annual experience questionnaire to families to gain their feedback. Families and those important to people were invited to events and parties hosted by the service.

Staff and people were involved in suggesting ideas and new ways of working. Staff were encouraged to try new things and to positive risk take with people to explore new activities. One member of staff told us they were proud of the "person centred ethos", and if they wanted to try something, they had the support of the registered manager.

The service worked in partnership with other agencies and commissioners, and worked with charitable organisations to ensure people had access to opportunities, for example, one person went to a "grass roots"

community project to learn how to grow their own produce. The service had good links with the local community, such as the local pub and shops.