

Sefton New Directions Limited

Sefton New Directions Limited - Poplars Resource Centre

Inspection report

2 Poplar Street
Southport
Merseyside
PR8 6DX

Tel: 01704535118

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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

This unannounced inspection took place on 3 October 2016. The inspection was carried out by an adult social care inspector. We last inspected the service in February 2014 when no breaches of legal requirements were identified.

Sefton New Directions Limited - Poplars Resource Centre is registered to provide accommodation and personal care for up to nine people with learning disabilities or autistic spectrum disorder. The people who used the service can have both physical and psychological support and care needs. The home comprises a main building and a bungalow next door. At the time of the inspection four people were staying in the home for short term breaks.

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.

Staff were appropriately trained and skilled and provided care in a safe and well maintained environment. Staff fully understood their roles and responsibilities.

The staff were up to date in various training sessions including training on safeguarding and the Mental Capacity Act to make sure that the care and support provided was safe and effective to meet their needs.

The provider had safe recruitment procedures. They employed skilled staff and took steps to make sure that staff were suitable to provide care and support that met the needs of people who used Poplars Resource Centre.

Staffing levels are determined by people's individual needs. The provider offered choices for when someone wanted to stay and often people requested dates when their friends were staying. They planned when they needed to bring more staff into the service, especially when they had planned group activities and trips out.

Staff working in the service understood the needs of the people coming to stay and we saw that care and support was provided with respect and kindness. People who used the service told us they were all very happy with the service and their care.

Staff were aware of nutritional needs and made sure they supported people to have choices in offering a good variety of food and drink during each person's stay

throughout our inspection we saw examples of good communication and involving people who were enjoying their break at the service. People told us they felt included and consulted in the planning of their support and were treated with respect. People told us they received the care and support they requested

and needed.

Everyone we spoke with said they felt comfortable to raise any concerns with staff; nobody had any concerns or complaints about the service.

The provider had systems in place to assess and monitor the quality of the service. The registered manager assessed and monitored the quality of care consistently. The service encouraged feedback from people who use the service and their families, which they used to make improvements to the respite 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.

The service had effective systems to manage risks without restricting people's activities or freedom. Risk assessments were detailed and kept up to date to make sure people were protected from the risk of harm.

Staff knew how to recognise and respond to abuse. We found the safeguarding procedures that were in place were robust and staff understood how to safeguard people they supported.

There were enough staff employed to help make sure people were cared for flexibly and in a safe manner. Staff had been checked when they were recruited to make sure they were suitable to work with vulnerable people.

People's medicines were well managed.

Is the service effective?

Good ●

The service was effective.

The service worked in accordance with the Mental Capacity Act 2005. People told us they were able to make their own choices and were involved in decisions about their support.

Systems were in place to provide staff support. This included on-going training, staff supervision and, appraisals.

We saw that everyone was involved in planning the food menu and what activities they would like to do during their short break.

Is the service caring?

Good ●

The service was caring.

The feedback we received showed a caring service. People being supported commented positively on how the staff approached their care.

We observed positive interactions between people. Staff had a good understanding of people's diverse needs, beliefs and preferences.

We observed staff respecting people's privacy and dignity throughout our visit and they gave the necessary support, space and encouragement when needed.

Is the service responsive?

Good ●

The service was responsive.

People had their needs assessed and staff understood what people's needs were.

People staying at the service told us they were involved in decisions about their day to day care and support and in choosing what they wanted to do during their stay.

The service was careful to plan around the compatibility of the people staying, and to plan their staffing levels for their short break service.

A process for managing complaints was in place and people we spoke with were confident they could approach staff and make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager in post and they were supported by a clear management structure.

Staff made positive comments about the management style and felt it was supportive.

We found an open, positive and person-centred culture. This was throughout all of the conversations we had, through observations of care and records reviewed.

The service had an effective quality assurance system in place with various checks and audit tools to show consistent good practices within the service.

There were systems in place to gather feedback from people so that the service was developed with respect to their needs.

Sefton New Directions Limited - Poplars Resource Centre

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 was an unannounced inspection which took place on 3 October 2016. The inspection was carried out by an adult social care inspector.

The provider sent us a pre-information pack (PIR) before the inspection which we used to prepare for the inspection. 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 also reviewed all other information we held about the service.

There was a main house and a bungalow. The registered manager told us that one person lived permanently in the home, and the other rooms are used for respite for people living locally, on both, a planned and an emergency basis. At the time of this inspection the person who lived in the home was in hospital, one person was being provided with a short break stay in the bungalow and three people were staying in the main building.

We undertook this inspection by visiting both the main house and the bungalow, observing care and support in communal areas. We also looked at the kitchens and some people's bedrooms. We met three people who were having planned respite stays on the day of our visit. We spoke with three support staff, a student on placement, two assistant managers, a senior support worker and the registered manager.

We looked at a range of records about people's care and how the service was managed. This included the support plans for the three people being supported including their medication records, three staff personnel files, including their staff supervision records and other records relevant to the quality monitoring of the service, such as the provider's quality and safety audits.

We contacted the local authority which had responsibility both for safeguarding and commissioning services from Poplars Resource Centre. We took the information they provided, which was very positive, into account when we wrote this report.

Is the service safe?

Our findings

The service had effective procedures for ensuring that any safeguarding concerns they had about people who used the service would be appropriately reported. All of the staff we spoke with were able to clearly explain how they would recognise different types of abuse and how they would not hesitate to report any allegation of abuse.

We saw information in the home about safeguarding people from abuse and neglect. This gave the telephone numbers to contact if there were any concerns. The information was also available as 'easy read' posters for the people who used the service to access. Easy read documents make written information easier to understand and often include pictures, for people who are on the autism spectrum and those with learning disabilities. The staff we spoke with clearly described how they would recognise abuse and the action they would take to make sure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training within the companies recommended guidelines. All of the staff we spoke with were clear about the need to report any concerns they had. Staff told us; "One of the first things you do on induction is safeguarding training."

Staff were able to describe the arrangements for whistleblowing. Whistleblowing takes place if a member of staff thinks there is something wrong at work, but does not believe that the right action was being taken to put it right. CQC had received no whistleblowing complaints in the period since the last inspection.

Any potential risks to people's safety were appropriately assessed, managed and reviewed. We looked at records for three people who were staying at the service. Each person had an up-to-date risk assessment in place. We saw that where a risk had been identified that someone may display behaviour which challenged the service, there was clear guidance for staff in people's plans and risk assessments to help staff to deal with any incidents effectively.

Staff discussed the individual needs of the people they supported and demonstrated that they knew the details of the risk management plans and how to keep each person safe and comfortable during their stay. Staff explained the triggers they looked out for, regarding some people's behaviours and non-verbal signs for communicating their needs. This information was recorded in support plans and was regularly updated to show any changes in behaviour and in identifying any actions to safely support an individual. This helped to make sure that people were being provided with the specific support they needed to keep them safe.

We spoke with people who use the service and they told us they felt the service was safe and secure when using the service. We also saw that each person had a personal evacuation plan [PEEP] in case of an emergency, such as a fire incident.

We looked at how the service managed staffing and recruitment. No one we spoke with raised any concerns about the numbers of staff available. There were sufficient staff on duty to keep people safe during our inspection and most people had one staff member supporting them individually. The registered manager explained that the service regularly reviewed and adjusted staffing levels based on people's assessed needs

and risks.

The senior staff had developed a very good picture of the compatibility of people who used the service, which helped them plan their staffing levels for their short break service. They also carefully matched the staff needed for the people booked in for their short break throughout the year. Staff felt the staffing levels were appropriate and safe. The staffing levels enabled them to give the support needed to each individual. Staff told us that the registered manager would provide additional staff whenever this was needed and that they always reviewed and planned staffing levels around people's needs.

We looked at two staff files and spoke with five staff about their experiences working for the service. They told us they had great stability, with most staff having worked for the service for many years. We noted that relevant checks had been undertaken, including taking up written references, identification checks and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out criminal record and barring checks on individuals who intend to work with children and vulnerable adults. These checks had been made so that staff employed were 'fit' to work with people who might be vulnerable.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) that staff completed. Before people came to stay, the senior staff contacted their relatives and guardians to make sure the home had up to date information about the person's health and wellbeing and to check if there had been any changes to their medicines. Staff undertook careful checks and kept clear records of the medicines that each person brought with them when they arrived for their stay. We found that people received their medicines as prescribed, and the administration was appropriately recorded on the MAR by staff.

We found that the arrangements for storing medicines were safe. There was clear guidance and protocols in place, and staff were able to explain how they supported people to take any medicines that were prescribed 'as and when' required, for example, for pain relief. Staff were aware of the signs which indicated that people might be in pain and discomfort, or if they in a low mood or becoming agitated. This helped to make sure people received their medicines when needed.

Arrangements were in place for checking the care environment to make sure it was safe. We saw there were protocols in place so that staff monitored the environment and reported through any issues. For example, there was a 'repairs book' where staff recorded repairs reported and this record showed that repairs were undertaken in a timely fashion.

The registered manager carried out checks of the environment. These were supported by regular visits by a maintenance manager. The maintenance manager told us what had been addressed in recent months, and the maintenance that was planned to take place, although we did not see a detailed action plan.

New fire safety system, including new smoke and heat detectors had been installed recently. In addition to this, and the general wear and tear to the décor caused by the use of wheelchairs, there had been extensive remedial work undertaken to the pipes in the water system and this had resulted in temporary redecoration work in several areas. We were assured that when the remedial work was tested and proved effective, more thorough redecoration was planned and budgeted for. We saw that the kitchen work tops needed to be replaced and were told that they had been purchased, ready to be installed.

Accidents and incidents were recorded and monitored by the service. We saw that these were collated and analysed by the registered manager. A report was compiled, which was also reviewed by the health and safety committee consisting of senior managers.

Is the service effective?

Our findings

The service provided support for people who had learning disabilities, autism and associated mental health care needs, which could affect their quality of life. From our observations of staff and people who used the service we felt that staff understood people's needs well and encouraged people to make choices. When we spoke with staff the main aim of the support was to encourage people to be as independent as possible and enjoy as full a daily life as possible during their stays, based on people's individual needs and chosen lifestyles.

The provider information return [PIR] completed by the registered manager prior to our inspection reinforced this approach and told us training was provided for staff in areas identified to give them the skills, knowledge and attributes for them to fulfil their role. It stated that managers provided support, training, coaching and supervision to keep staff abreast of new ideas, training and requirements to provide a quality service. The evidence we saw at this inspection confirmed this.

We observed staff providing support to people. The interactions we saw showed how staff communicated and supported people as individuals. Staff were able to explain in detail each person's care needs and how they communicated these needs. We saw that care records included reference to people's preferred method of communication. One person we spoke with told us staff supported them very well. We observed the person had good rapport with the staff. They told us that staff seemed well trained and were doing a very good job.

We had positive feedback from staff about the training and support they received. We saw that staff files contained training plans and certificates of attendance at training. We were told that new staff would undertake the Care Certificate, which was standard induction training for staff with nationally agreed induction standards. The records we saw showed staff were updated in 'statutory' subjects such as health and safety, medication, safeguarding, infection control and fire awareness.

The registered manager explained that staff were provided with training in relation to the specific health needs of the people who used the service, such as diabetes awareness, oxygen therapy, postural drainage and using suction equipment, epilepsy rescue medicines and PEG feeding. This is a way of introducing food, fluids and medicines directly into the person's stomach. The registered manager explained that nurses visited the service to help train staff in how to support people with specialised needs or medication whenever this was needed. This helped ensure that people were provided with the specific care necessary for them during their stay.

We spoke with a member of staff who had attended, "really useful" training around autism, as this was background knowledge needed to support several people who used the service. Another staff member told us about a course they had attended about managing behaviour that challenges and how this had helped with their approach in certain situations with the people they supported. Other training provided to staff included dementia awareness and mental health training.

The managers we spoke with told us that staff had a nationally recognised vocational qualification at levels 2 and 3, and this was confirmed by records we saw. Staff told us that they thought that training they received was relevant and of a good standard. They said they felt well supported and that they were up to date in training they needed to meet people's needs.

One person said they really liked the food they had when they stayed at the home. We saw that staff had worked at the service for many years and offered great stability and knowledge about each person who stayed for respite and short breaks. Staff told us that once they knew who was coming to stay they would ensure they had food and snacks available that they knew people liked. The staff told us that where people were not able to express their preferences verbally, staff observed what people preferred and built up a picture of their preferences. People's families and advocates had also provided information about people's preferences and this information was clearly noted in people's care plans to help staff to support people appropriately. Staff also told us that if people didn't like the meal they had selected then an alternative would be offered.

People were provided with additional support around their specialised dietary requirements. We looked at one person's care plan in relation to their diet and found this included detailed information about their dietary needs and the level of support they needed to make sure that they received a balanced diet. Where people were at risk of choking, there was sufficient information and guidance in people's care plans to ensure staff knew how to support them to eat safely.

We saw evidence that support plans were regularly reviewed to ensure people's changing needs were identified and met. These plans outlined the likes, dislikes and preferences of each person and the staff we spoke with were aware of everyone's individual's preferences. As this service provided short breaks, the management of each person's health needs was usually managed by their family at home. However, the records did provide medical details to help in the event of a medical emergency were the staff accessed the GP and members of the multi-disciplinary team as necessary. We spoke with health care professionals who were involved in the care of people staying at the service and their feedback was very positive. They told us that staff contacted them for advice and support when needed and this had helped make sure people's healthcare needs were being met. They felt the standard of care was very good and that the staff were very responsive to people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had a good understanding of the MCA and DoLS. There were no DoLS in place at the time of the inspection. However, the registered manager knew the correct procedures to follow to make sure people's rights were protected. The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act. These guidance documents helped identify and protect the interests of people who lacked the ability to consent on various issues.

Is the service caring?

Our findings

We received positive feedback about the caring nature of the staff. For instance, one person who used the service said, "Staff are very nice." We observed the interactions between staff and people using the service and saw there was an obvious rapport and understanding. People varied in their level of care need and communication. This meant people needed support interventions aimed at planning their day and future activity on an individual basis.

Communication was seen as a priority to carrying out care. Care files referenced the individual ways that people communicated and made their needs known. People chose the activities they wanted to participate in and staff respected their choices. One person told us, they liked the activities they did when staying at the home. We observed staff discussing various choices to see what everyone wanted to do during their break at the service. One staff member told us there had been some people who were football fans staying at the weekend, so they arranged to go to a football match together.

We saw evidence that staff at the service regularly kept in touch with people's relatives via phone calls and the provider regularly sought feedback from people and their families about the support provided. People and their relatives were asked to fill in questionnaires and there were lots of records offering very positive comments, opinions and thanks regarding this service. One comment made by a relative stated, "The service is very good. I feel happy leaving [my family member] at Poplars Resource Centre as I know he is happy and cared for."

Staff had been trained in how to respect people's privacy and dignity, and understood how to put this into practice. Throughout our inspection, we saw that staff respected people's privacy and dignity when they were supporting people. We spent time in the communal areas and observed positive staff interactions with people who used the service. Everyone in the service looked relaxed and comfortable with the staff. Staff discussed day to day examples of how they ensured privacy and dignity, such as, knocking on people's doors before entering; ensuring curtains were drawn when supporting a person with personal care.

In one example a person could present with behaviour that threatened other people's sense of wellbeing and dignity. Staff were very aware of this and the person's care was managed to ensure it was organised to support each individual and promote their wellbeing as much as possible. One person told us they really liked the staff and they thought of them as friends. They confirmed that staff always respected their privacy.

We saw staff respond in a timely and flexible way depending on how each person communicated. We saw there was positive and on-going interaction between people and staff. We heard staff taking time to explain things clearly to people in a way they understood. When we spoke with staff they were able to tell us why people needed different approaches at certain times and how this had been agreed, to ensure consistency.

The staff we spoke with had a good knowledge of people and were able to explain in detail each person's preferences and daily routine, likes and dislikes. These were also recorded in care files we reviewed. This theme was supported by our observations and discussions, and records we saw during the inspection. We

found that staff respected people's spiritual and cultural needs. Staff were knowledgeable about this aspect of people's needs and this information was also clearly reflected in people's care and support plans. For instance, staff were knowledgeable about the minority religious beliefs of the family of one person, and there was information about this in the person's file, which was clear and informative.

Is the service responsive?

Our findings

Staff described how they first meet new people who wanted to use the service for a short break. Staff told us they offered a series of visits to the home so that new people could gradually get to know the service, the staff and the environment.

One person who used the service told us they really enjoyed coming and didn't want to leave. We found the care to be organised to meet people's individual needs. For example, we reviewed some of the daily activities and routines people were engaged in. These were varied and had been chosen by the people concerned.

Senior staff told us about the way they planned the stays to take into account people's needs and compatibility. They were aware of when they needed to bring more staff into the service, especially when they were planning any group activity and trips out. They took lots of factors into consideration when taking bookings for short breaks such as, what type of activities people liked to get involved in, what level of disability they had and whether they knew other people and friends booked in for certain dates. They used this information to help offer various choices and dates for when someone wanted to stay.

People were offered various choices regarding social activities whilst they enjoyed their short break. Staff told us that people using the service often liked to book in when their friends were booking in, and they would then go out together on trips organised by the staff. People were getting support that was tailored to what mattered to them. During weekdays, most people continued attending their usual day services and college. But where they didn't and at weekends, it was clear that people were getting out and about to lots of different places that they chose to go to.

Some people attended the day centre, which was attached to the accommodation, and was part of the Poplars Resource Centre, where they were able to join in with crafts and other activities. One person using the service described their routine of what they liked to do. They told us the staff helped them to do what they wanted when they came for their short break. All of the people we saw had daily activity which they were involved with planning, and which reflected their interests.

We found that care plans and records were individualised to people's preferences and reflected their identified needs. They contained good detail and there was evidence that plans had been discussed with people and their relatives, if needed. We could see from the care records that senior staff reviewed each person's care plan and updated it before each time people came for a short break.

These plans were used to guide staff on how to involve people in their care and provide the care and support they needed and requested. Staff worked with people and their relatives to establish effective methods of communication so that individuals could be involved in their care, especially those people who used non-verbal communication. For example, if a person did not communicate verbally, other communication methods were used such as pictures and signs. Care plans detailed the most effective ways to communicate with each person.

We saw a personalised approach to care and the personal care element of the care plan was well defined, so it was clear for staff how this was to be carried out. There was a welcome pack for everyone having a stay at the home. It had been developed with the use of pictures to help people to understand what to expect during their stay.

Staff told us as part of the regular meetings with people, both individual and as groups, they discussed any concerns, compliments or complaints. Staff talked us through what they would do if an individual wanted to raise a formal complaint. The service had developed a complaints procedure with the use of pictures to help people to better understand this procedure and to make it more accessible to more people. Those people we met had no complaints. It was clear that issues were dealt with at reviews and the service was very responsive to any concerns raised.

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager had a junior management team of assistant managers and senior support workers. We met the registered manager, two assistant managers and one senior support worker. They all demonstrated to us that they had a good understanding of the support care being provided to people at Poplars Resource Centre. The registered manager's opinion about all of their team was that they all went, 'the extra mile.' All of the staff we met presented as proud and conscientious in their work.

All the people we spoke with were familiar with the registered manager and found all of the staff team to be approachable, accessible and willing to listen. This service was clean, tidy, well managed and had quite a homely feel. We saw that people were regularly asked to share their experiences by filling in a book to say what they thought about their stay, and by completing an annual survey to offer their opinions about the service. The overall results we saw were very positive and validated the positive comments received throughout our visit. For instance, one person wrote in the book, "I think Poplars is a really nice place to come and stay. The staff are all friendly and nice and everyone is easy to ask, or help you with anything. The bungalow is very nice and clean. It reminds me of home. I feel very comfortable and happy in here." One person's relative included in their survey that they thought the service was well managed and wrote, "We have never had any complaints."

Staff said they received supervision every five to six weeks. Supervision is a process where staff meet with their manager and includes reviewing how well they perform in their role. Organisations use this system as one way of monitoring the quality of care that is delivered. The registered manager confirmed that staff received regular supervision and said that staff were able to receive support whenever they wished, as they worked closely together and had an open door policy. Staff told us they felt listened to and they could raise any query. All of the staff we met told us they felt supported and enjoyed their work. Several staff said, "I love my job."

A staff survey was also undertaken regularly, to help gauge the culture of the service and also the key issues. We were shown the outcome of this and it was clear that the process also had helped establish objectives for the service.

All of the members of the management team we spoke with in the home were able to talk positively about the importance of a 'person centred approach' to care; meaning care was centred on the needs of each individual, rather than the person having to fit into a set model within the service. This was seen as key to developing any support for people. They also talked about the importance of providing opportunity for people to 'get together socially'. Staff told us staff meetings were held monthly to two monthly, where they had the opportunity to raise questions and discuss issues.

It is worth noting that the provider organisation and the service had been subject to a lot of organisational change over recent years and key staff members of the management team in the home had been provided with training in relation to managing change. Observations of how the members of the management team

in the home interacted with staff members and comments from staff showed us that there was good leadership and a positive, person centred culture within the home.

We looked at a selection of minutes of meetings, which had evidence of a wide variety of topics shared and discussed with staff. The minutes showed that the staff were kept up to date with the management of the service and other, best practice topics. For instance, the provider was an active member of the National Care Forum (NCF) and had signed up to the NCF's 'Quality First' framework, to provide safe, high quality care and support services and continuous quality improvement. [The NCF represents the interests of not-for-profit health and social care providers]. They had also signed up to the Social Care Commitment.' [The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services].

In the PIR completed by the registered manager a number of ways were listed in which the quality of service was monitored and it stated, 'Robust quality assurance systems are in place. The National Institute for Health and Care Excellence (NICE) and other best practice guidance is used to inform policy and practice within the company. 'We saw that the registered manager and other members of the staff team monitored the service by completing regular audits. These covered a variety of topics and areas throughout the service including, health and safety, infection control, medicine and care planning audits. These were complemented by senior management audits carried out annually or bi-annually. For instance, the Head of Care Quality and Service User Experience also carried out quality assurance audits including unannounced quality visits to the service. These visits showed evidence of regular monitoring of the quality of care and support being provided. There was a robust quality assurance action plan for improvement, when improvements were needed.