Delam 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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Our inspection was unannounced which meant the service and staff did not know we were visiting.

At our last inspection on 5 November 2013 we identified that the provider was not meeting all the Regulations we inspected them against. People were not adequately protected against the risks associated with medicines and effective systems were not in place to regularly assess, monitor and improve the quality of care. Following the inspection the provider submitted an action plan that showed how they would make the required improvements and they also regularly contacted us to update us on their progress towards making the improvements.

Summary of findings

The Poplars provide residential support and accommodation for up to six people who have a learning disability and/or a mental health diagnosis. On the day of our inspection six people were using the service.

One week prior to our inspection the provider notified us that they no longer had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. During our inspection we saw information to confirm that a new manager had been recruited and suitable management cover had been put into place whilst they were waiting for the new manager to start. This showed the provider had taken prompt action that ensured a suitable management structure was in place at the service.

During this inspection we saw that the required improvements had been made. People were now consistently protected from the risks associated with medicines and effective systems were in place that meant the quality of care was regularly assessed, monitored and improved.

People told us they were happy with the care. We saw that people were treated with dignity and respect and their privacy and independence was promoted. People were involved in the planning and review of their care which meant their care preferences and choices were identified so they could be met by the staff.

People were safe because systems were in place to help manage the risks posed to people. This included risks relating to the environment, infection and specific risks relating to each individual. There were sufficient numbers of staff to keep people safe and the staff reported safety concerns to managers, who took appropriate action to make improvements to safety.

The staff were suitably trained to provide the care people required. People's health and wellbeing were monitored so they could receive the right care at the right time and the staff worked closely with other professionals and services so that people received consistent care. People were supported to eat a balanced diet and the staff understood the action they needed to take if a person's eating deteriorated.

The legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed. The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves.

People were encouraged to share their concerns and suggestions about the care and the staff listened to and acted upon people's feedback to improve the care. Managers also used national and best practice guidance to make improvements to the care.

Staff told us they were supported by the managers and we saw that managers were always available to offer support.

Summary of findings

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. Staff knew how to keep people safe and how to report any safety concerns. The staff had a positive approach to risk and people who used the service were involved in risk assessment and management.

There were sufficient numbers of staff to keep people safe and staffing levels were flexible to meet people's individual needs. Medicines were managed safely and the premises and equipment were monitored and maintained to keep people safe. Effective systems were in place to prevent and manage potential infections.

When people did not have the ability to make decisions about their own care the staff followed the legal requirements that ensured decisions were made in people's best interests.

Is the service effective?

Good

The service was effective. The staff received training that enabled them to provide effective care and support.

Staff monitored people's health and wellbeing and worked with other professionals and services in a manner that ensured people received the right care at the right time.

The staff encouraged people to eat a balanced diet that met their individual needs and the home's environment met the needs of the people who used the service.

Is the service caring?

Good

The service was caring. People were treated with dignity and respect and their right to privacy was independence was promoted.

People were involved in making decisions about their care which meant care and support was individualised.

Systems were in place to support people to receive the care they wanted at the end of their life if this was required.

Is the service responsive?

Good

The service was responsive. People's care needs were assessed and reviewed regularly to ensure they received the right care at the right time.

Information about people's individual needs was in a suitable format to be shared with other professionals if care and support needed to be delivered by other services.

The service sought, listened to and acted upon feedback from people who used the service to improve care.

Is the service well-led?

Good

The service was well led. Effective induction and training ensured staff were aware of the service's positive and inclusive values.

Summary of findings

The staff and people who used the service were empowered to share concerns and suggestions about the care and appropriate action was taken to respond to feedback gained.

An effective management team regularly assessed and monitored quality and drove improvements. Staff worked with other agencies and used national and best practice guidance to implement improvements in care.

Poplars

Detailed findings

Background to this inspection

Our inspection team consisted of one inspector.

Prior to our inspection we checked the information we held about the service and the provider. This included the provider information return (PIR) that we asked the provider to complete. This is a form that asks the provider to give some key information about the service, what the service does well and improvements that they plan to make.

We also reviewed the notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

During this inspection we spoke with four people who used the service, two members of staff and three managers.

We observed the care people received in communal areas and we looked at two people's care records to see if they were accurate and up to date. We also looked at records relating to the management of the service. These included audits, health and safety checks and minutes of meetings.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

Without exception the people we spoke with told us they felt safe at Poplars. One person said, "I feel very safe here because the staff are lovely and at night there is a bolt on the door". Another person said, "The staff make me feel safe and my money is safe".

Risks to people's safety were assessed, managed and reviewed and people who used the service were involved in this process. A staff member told us, "We like people to do the things they want to do. One of our service users enjoys going fishing alone. We worked with them to explain the risks and we educated them in how to manage the risks". This showed that the staff had a positive and enabling approach to risk.

Procedures were in place that ensured any concerns about people's safety were appropriately reported. The staff we spoke with explained how they would recognise and report abuse and we saw that suspected abuse was reported in accordance with the local reporting procedures.

We saw that when safety incidents occurred they were reported and investigated appropriately. For example we saw that a medicines error had been reported and appropriate action had been taken to reduce the risk of a similar incident occurring again. Staff told us they were made aware of actions taken to reduce further incidents through handover meetings and changes to people's care records.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act and the DoLS and they gave us examples of when they had applied these principles to protect people's rights. Care records confirmed that mental capacity assessments, DoLS referrals and best interest decisions had been made in accordance with the legal requirements.

Recruitment checks were in place that ensured staff were suitable to work at the service. These checks included requesting and checking references of the staffs characters and their suitability to work with vulnerable people. There were sufficient numbers of staff available to provide care and support. People who used the service confirmed this by telling us there were always staff available to support them. One person said, "There is always a member of staff here, but if I wanted to speak to a different member of staff I could go next door too [another home owned by the provider]". Managers demonstrated they reviewed the dependency levels of the people who used the service so that staffing numbers were appropriate to people's needs. Rotas showed that additional staff members were available to support community visits and hospital appointments as required. This showed that the staffing levels were flexible to meet the individual needs of the people who used the service.

During our last inspection on 5 November 2013 we found that people were not adequately protected against the risks associated with medicines because records relating to medicines and their administration were not completed effectively. At this inspection we saw that the required improvements had been made.

People we spoke with confirmed they received their medicines when they needed them. One person said, "The staff always give me my tablets when I need them". People's medicines were correctly stored to protect them and to ensure the medicines would be effective when used. When people wished to self-administer their own medicines independently they were supported to do this and the risks of them doing so were assessed. One person told us, "I take my own medicines and sign a sheet after. The staff come and check every time to make sure I've done it right". Accurate records were kept of medicines prescribed for and given to people. These demonstrated that people who used the service received their medicines at the times that they needed them. This showed that medicines were consistently managed by staff in a way that was safe.

People were cared for in a safe environment. One person said, "We use yellow signs when there are wet floors. The staff always make us aware of safety". Another person said, "We have a fire alarm test every week. I know where I have to evacuate to when it goes off". Records showed the environment and the equipment it contained were regularly monitored and serviced to ensure its safety. Examples of this included regularly testing of fire equipment and gas safety tests.

Good

Is the service safe?

One person told us they had previously been involved in assessing the safety of the homes environment. They said, “I did a health and safety course with the staff and I even answered one of the teacher’s questions myself. I learnt about fire extinguishers and how to pick things up by bending my knees” and, “After the training I used to go around the home with the staff and check for faults”. The person told us they were no longer involved in assessing and monitoring safety at the home. They said, “We don’t do this anymore, I’m not sure why”. The consistent involvement of people who use services in this process could enable the provider to show they were providing outstanding care.

The staff educated and involved the people who used the service to ensure they were protected from the risks of infection. For example people understood the procedures in place to reduce the risk of food borne infection. One person who used the service told us, “We use a temperature probe for cooked food. Anything below 75 degrees is not good enough and the temperature then gets written down on a chart”. Another person said, “We wash our hands before we cook”. The premises and equipment were clean and the staff and people who used the service told us the cleaning procedures they followed. One person said, “We all clean our own rooms but the staff help us with a deep clean every now and again. That’s when we move the furniture around and do a proper clean”. This showed that people were assured they lived in a clean environment.

Good

Is the service effective?

Our findings

People were able to access appropriate health, social and medical support when they needed it. For example, we saw that visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. One person told us, "I haven't been very well so the staff have been taking me to the doctors and the hospital for all my appointments". Another person said, "The staff got the nurse out to look at my foot when it swelled up".

People were supported to eat, drink and maintain a balanced diet. One person told us, "We all make our own breakfast and lunch with help from the staff, but the staff make us our tea [evening meal]". Another person said, "We have a menu meeting with the staff and choose the food we want to eat. The staff help us to make sure we don't have too much of one thing, like chips all the time". We saw that staff monitored the food people ate and staff were aware of people's special dietary needs as plans were in place in people's care records that stated these dietary needs.

Assessment and monitoring tools were used to enable the staff to identify changes in people's health and wellbeing. For example we saw that people's weight was regularly monitored and the staff demonstrated they understood the action they needed to take if a person's weight had changed.

The home environment met people's needs. People told us they were involved in the decoration of their bedrooms and communal areas. One person said, "I chose the colour of the paint for my room and we all chose the paint and paper for here [the living room]. We helped to get the old paper off and one of us helped the staff to put the new paper up too".

People could leave the home to access the community or visit their friends in the other local homes run by the provider. One person said, "I can move between the houses and be with my friends but I always tell the staff I'm going".

Staff received training that enabled them to provide effective care and support. Training topics included; safeguarding people, medicine administration, infection control and mental health awareness. Staff told us that the training was beneficial to their roles. One staff member said, "Every time I do some training I find out something new that I didn't know". We saw that training could be tailored to reflect the learning needs of the staff. The locality manager told us, "Most of our training is e-learning (computer based learning) but if e-learning is not meeting training needs we can ask for a taught course. We can also request in-service support where trainers can visit and discuss ground floor issues such as behaviours that challenge".

New staff received a structured induction which was based around achieving the Skills for Care Common Induction Standards. These are the national standards people working in adult social care need to meet before they can safely work unsupervised.

The staff had access to the information they required to meet each person's needs and preferences because care records contained plans that were personal to each individual. These plans outlined the likes, dislikes and preferences of each person and the staff we spoke with were aware of each person's preferences. For example one staff member introduced us to a person who used the service with their consent who did not like speaking to new visitors. The staff member told us in detail about the person's interests which the person nodded in agreement to.

Good

Is the service caring?

Our findings

People who used the service told us they were happy with the care and support provided. One person said, “The staff are all nice. If I’ve got any problems they help me with them”. Another person said, “The staff treat me well and make me feel comfortable”.

We saw that people’s independence was promoted. During our inspection we observed people making meals in the kitchen, cleaning the home and accessing the local community. People confirmed the staff enabled them to increase their independence. One person said, “We had a new washing machine and I didn’t know how to use it, but the staff talked me through it and I can do it now without being supervised”.

People told us the staff respected their privacy and promoted their dignity. One person said, “The staff always knock on my bedroom door and they won’t come in until I say so”. Another person said, “The staff always ask before they come into my room”.

People were involved in making decisions about their care and support. One person said, “I sat down with my key worker and we wrote my care plan, we did little bits at a time” and, “I have a folder in my room. It’s got all my plans in”. Other people we spoke with and the care records we looked at confirmed that people had been involved in the care planning process.

People also told us they were involved in choosing the food they ate and the trips and holidays they participated in. One person said, “We have menu meetings and house meetings where we talk about food and holidays”. Another person said, “We’re going to Blackpool this year for our holiday. We all agreed on that in the meeting”.

We saw that staff had discussed some people’s end of life care preferences with them and these had been recorded in a ‘When I die’ plan. At the time of our inspection no one who used the service had any end of life needs. However staff told us they would work with other professionals to support people during the end of their life if their preference was to receive this care at the service. One staff member said, “Our goal would be that if a person wanted to stay here to die, we would do our best so they could do that”. The area manager told us they had just started to look at some end of life national guidance so that some local guidance could be devised for use in the provider’s homes. This showed the service was committed to support people to receive appropriate end of life care.

Good

Is the service responsive?

Our findings

Care records showed that people's needs were regularly assessed and reviewed to help them to receive the right care at the right time. One person confirmed this when they said, "My key worker makes sure my care plans are up to date".

People were protected from the risks of social isolation because they were provided with the opportunity to participate in leisure based and social activities. Some people also participated in voluntary work. On the day of our inspection we saw that staff supported one person to access the community. People told us they enjoyed a variety activities at and away from the service. One person said, "I like going to discos and shopping and I like going to see my friends in the other houses". Another person said, "I like going to see my girlfriend, going to the pub and working in the shop".

People were able to maintain their relationships with their family and friends. People told us they could see or speak to their families and friends at any time and we saw that staff supported people to visit their relatives away from the service. When people had limited family support and/or a reduced ability to make their own choices advocates were utilised to ensure their rights were protected and they were empowered to make choices.

People were given information about their care and support in a manner that reflected their understanding. New documentation was being used with pictorial prompts to help some people understand the information their care records contained. We saw that easy to read pictorial medicine plans were in place for some people. These were called, 'My medication and how I take it'. One person told us, "I have a folder in my room that lists all my medicines and it tells me what the good and bad effects of them are. It's all been done clearly and helps me to understand".

Care records contained 'hospital passports' and grab sheets. These contained important information about people's medical histories, medicines, communication skills and behaviours. Staff told us this information accompanied people as they accessed hospital services so that other professionals had access to information to enable them to meet people's individual needs and preferences.

We saw that people who used the service were given the opportunity and were supported to express their views about their care. House meetings were held with people to discuss the care. One person said, "We get asked if we feel okay with the staff, are we getting along with each other and do we want any work doing to our rooms". Minutes of these meetings showed that people's views were sought and discussions with people on the day of our inspection showed their views were listened to and acted upon. For example the minutes of the meetings showed that people wanted pasties on the menu and on the day of our inspection one person said, "We are having pasties for tea tonight". This showed the staff had listened and acted upon the views of the people who used the service. Staff also told us about their plans to complete a satisfaction questionnaire with the people who used the service to gain further feedback about the care.

There was an accessible easy to read complaints procedure in place. The service had not received any formal complaints since our last inspection. However, people told us they would be happy to make a complaint about the care if they needed to. One person said, "I once went to the staff and complained but it's all been sorted now". Another person said, "I'd tell the staff if I was not happy about something". This showed people felt confident that the staff would listen to and respond positively to any complaints.

Good

Is the service well-led?

Our findings

Prior to our inspection the service's registered manager notified us that they were no longer working in this role at the home. We saw that a registered manager from another of the provider's services was providing temporary management cover whilst the newly recruited manager was waiting to commence in post. In addition to this the area and locality managers were also supporting the management of the service. The staff and people who used the service told us they were aware of the management changes. One staff member said, "Everything has settled and come together and I'm clear on the management structure". A person who used the service told us, "[The temporary manager/ is nice, but we have a new one starting soon". This showed the service had a suitable management structure in place and the provider had been open and transparent in its communication with the staff and people who used the service.

The staff told us that the managers were approachable, supportive and had a regular presence within the service. Out of hours management support was available and the manager on call rota was clearly visible for the staff to refer to. One staff member said, "There is always someone to go to and you can ask anyone for help". All the managers we spoke with demonstrated they had a good understanding of the care provided which showed they had regular contact with the staff and the people who used the service.

We saw that learning and development needs of the staff were assessed and monitored through regular supervision and appraisals. Records showed that one staff member had an on-going unmet learning need that related to their ability to carry out their administrative duties (This did not affect their ability to provide people with direct care and support). The temporary manager at the home told us they had they were planning to address this as soon as possible.

During our inspection we saw that there was a positive culture at the service that focussed on promoting people to be as independent as possible. The staff were made aware of the service's values and philosophy through their induction and training. This was confirmed by staff we spoke with and records we looked at.

The staff and people who used the service were encouraged to share any concerns about the care at the service. All the staff we spoke with were aware of their role in reporting any concerns and they told us they would report concerns in accordance with the service's whistleblowing policy if this was required. Staff were not afraid to report safety incidents. For example, we saw that a staff member reported a medicines error to the manager. Appropriate assessment and monitoring of the staff members medicines management skills were completed in response to the incident and the staff member was supported to update their knowledge and skills.

People who used the service also told us they could share their ideas and concerns with staff on a one to basis or during house meetings and we saw that changes were made in response to people's feedback. For example changes were made to the menu in response to people ideas and suggestions.

Following our last inspection on 5 November 2013 we found that effective systems were not in place to regularly assess, monitor and improve service provision. During this inspection we saw that effective systems were in place to monitor and improve the quality of the care provided. Following our inspection the provider's quality and compliance teams worked with the staff to facilitate the required improvements. We saw that the actions required for improvement had been incorporated into the provider's service improvement plan and progress had been made to achieve these actions. Frequent quality audits were completed, these included audits of; medicines management, infection control, health and safety and care records. These audits were evaluated and where required action plans were in place to drive improvements. This showed that the required improvements had been made.

Care records showed that the staff worked with other agencies in a manner that enabled people to receive care that met their individual needs. We saw that staff worked with health and social care professionals, advocates and the voluntary sector to do this. For example we saw that staff promptly referred people to health and social care professionals when their health, behaviours or mental capacity changed so that people could receive appropriate care and support.

We saw that changes were being made to how the care was delivered in accordance with best practice and national guidance. Care records were in the process of being changed to become more user friendly. Easy to read medicines and end of life care plans had started to be used to help people be more involved in care planning and to

Good

Is the service well-led?

help people to improve their understanding of their care needs. The area manager had started to work on devising local guidelines for end of life care that were based on national guidance. This showed the provider was committed to implementing improvements that were based on best practice.

Notifications detailing significant events were sent to us as required and we were also made aware of any safeguarding incidents that had taken place. The management team also contacted us as and when they needed advice or support. This showed the provider understood their responsibilities to inform us of significant events that occurred at the service.