

Gresham Care Limited

Poplars

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Poplars is a residential care home providing personal care and accommodation to up to six people with learning disabilities and autism in one building. At the time of our inspection there were six people living at the service.

People's experience of using this service and what we found

People told they felt safe at the service. Staff had a good understanding of people's needs and knew how to manage risks associated with their care. Staff understood their responsibilities in terms of keeping people safe from abuse and avoidable harm. Action had been taken to reduce the risk of the spread of infection and the provider had ensured practices were updated according to national guidance during the COVID-19 pandemic.

People's needs and choices were assessed and planned for, and their preferences had been taken into account. Staff were safely recruited and inducted. They had access to training and regular supervision to ensure they had the skills to support people effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by care staff that genuinely cared about them and their wellbeing. Staff used respectful language to communicate with and about the needs of the people they were supporting.

People experienced person-centred care that reflect their wishes and preferences. Staff adapted to support people as individuals and used flexible approaches to support people's wellbeing. People were part of their local communities. Staff were skilled at understanding and meeting people's communication needs.

There were systems in place that worked to ensure areas in need of improvement were identified and actions were taken to make changes when needed so that people received good quality care. The registered manager was approachable and supportive, staff enjoyed working at the service and were listened to.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and independence. People had individual goals and objectives which they were supported by staff to identify and work towards. People were encouraged to have control in their daily lives and staff ensured people were able to live as independently as possible.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights. Staff knew people well and ensured that people received the support they needed to meet their individual care needs. People's rights were promoted, and they were protected from discrimination. People were treated with dignity and their privacy was respected.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The culture of the service was open and empowering to people. The management team had ensured that there was a positive ethos at the service which enabled people to feel more confident and encouraged them to take on new challenges and to be a part of their local community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 9 May 2019 and this is the first inspection. The last rating for the service under the previous provider was good (published on 27 April 2018).

Why we inspected

This was a planned inspection based on when the service registered with us.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Poplars

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Poplars is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided and we spent time observing people receive care and support. We spoke with four members of staff including the registered manager, deputy manager, and support workers. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke to three relatives of people who lived at Poplars about their experience of the care provided. We spoke to two health and social care professionals who worked alongside the service. We continued to seek clarification from the provider to validate evidence found. We looked at further care records, training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. People and their relatives told us they felt safe living at Poplars. One person told us, "Yes I do [feel safe]." A relative told us, "[Person] is happy and safe there."
- Staff had received regular training about safeguarding, they knew how to identify potential abuse and how to report it. One member of staff told us, "Safeguarding is high on our list of priorities. Making sure they are all kept safe and well."
- We reviewed safeguarding records and found concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were encouraged to take risks in a positive way. One person had recently hurt themselves whilst carrying out an activity independently. The registered manager carried out a risk assessment with the person and agreed a way of supporting them with the activity which continued to maximise their independence whilst reducing the risk.
- Risks to people were regularly assessed and monitored. Detailed risk assessments and care plans were in place, so staff knew how to support people. One person had risks associated with their epilepsy, there was a risk assessment and care plan in place which detailed the support this person would need to minimise the risk of falls and the equipment needed to support them safely.
- The registered manager described how they and their team learned from incidents which had taken place in order to improve people's care. For instance, changes in one person's behaviour had led to a number of incidents. A referral was made to relevant health professionals and the person's support plan was reviewed. The registered manager told us, "We've tried our best to get [person] through this by keeping her occupied. I spoke to the behaviour specialist and we are going to review this in a month." The registered manager told us this approach was having a positive impact on the person and records supported this.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency such as a fire or flood which meant people had to leave the service.

Staffing and recruitment

- There were enough staff deployed to support people safely. Staffing levels were flexible and carefully assessed around a person's needs to ensure people's needs could be met, including staff support for participating in activities and accessing the community.
- There was a well-established staff team at the service. The registered manager told us that they had not needed to use agency staff for several months as the staff team covered any available shifts. Rotas we looked at supported this.

- Staff were recruited safely. Checks included verification of identity, references from previous employers and the Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to take their medicines safely and in a person-centred manner. One relative told us, "The medication is supervised and given to [person] to take."
- Systems and processes for the management of people's medicines were robust. Medicines were stored and disposed of at the service in accordance with relevant guidance.
- Staff completed Medication Administration Records (MAR charts) following the administration of medicines. MAR charts were regularly audited to ensure any discrepancies could be identified and rectified quickly.
- Staff received relevant training before they were able to give people medicines and the management team checked their competency regularly in relation to the administration of people's medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visits for people living at the home were facilitated in line with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed appropriately. People and their relatives assessed their needs with staff and told us they felt listened to and able to make their own choices. Staff worked with people to encourage and support their independence.
- The provider worked closely with health and social care professionals to make sure people's physical, emotional and social needs were regularly assessed.
- Care was delivered in line with relevant standards guidance and the law. This included the provider following guidance from the National Institute for Health and Care Excellence (NICE) and ensuring people were protected from discrimination in accordance with the Equality Act 2010.

Staff support: induction, training, skills and experience

- Staff received training and support to ensure they were confident and competent in their roles. One member of staff told us, "The training here is very good...we have a very intensive training process." Another member of staff said, "We are given the option to develop ourselves further. For example, with nutrition, Makaton and mental health training. The company does support you to develop your skills." Makaton is a system which uses signs and symbols to help people to communicate.
- Staff consistently praised the support they received from the registered manager, deputy managers and other colleagues. One member of staff told us, "I think we are a really good team."
- Regular supervisions and team meetings gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations, and identify areas of learning and development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported well to manage their nutrition. People told us they enjoyed the meals and we saw that people were encouraged to prepare meals and drinks as independently as they could. One relative told us, "The staff have helped [person] to go out to buy food, then to cook it and then they eat together to extend their personal skills."
- People could choose when and where they wanted to eat their meals. There was a weekly menu in place but we saw that people did not have to follow this. A member of staff told us "It's not unusual for us to cook 3-4 different meals in the evening."
- Where people had specific nutritional needs, staff worked with health professionals such as GPs and dieticians as well as with the individuals to develop support plans and strategies to meet their needs effectively. Risks associated with people's nutritional needs were clearly recorded and guidance was in place for staff to follow in order to prevent harm occurring.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare when they needed to. One person told us, "[If I need an appointment] I tell staff and they would book it." When we asked another person if staff supported them with medical appointments they said, "Yes they do."
- People were supported to live healthier lives. Staff encouraged people to eat healthily and promoted exercise. A member of staff told us, "We do physical activities with [people]. We go for walks and do trampolining."
- Detailed and up to date health action plans were in place which recorded important information such as how to tell if someone was feeling unwell, records of previous appointments with healthcare professionals and support required to help with their health conditions.

Adapting service, design, decoration to meet people's needs

- The environment reflected the friendly atmosphere of the service. People had their own bedrooms which were highly personalised and decorated to their individual taste. One relative told us, "[Person's] bedroom has been painted in her favourite colours and new curtains have been put up." Shared communal areas were bright and comfortable which helped provide a warm and homely atmosphere.
- The service had several different areas where people could choose to spend their time and people had access to a large garden which they were supported to help to maintain.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care was provided in line with the principles of the MCA. The registered manager was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. DoLS had been applied for appropriately for people who had been assessed as not having capacity for aspects of their care and support.
- Care workers had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. One member of staff told us, "People have capacity to make certain decisions... You can't assume they don't have capacity."
- Mental capacity assessments had been completed with people where staff were unsure whether or not they had capacity in relation to an aspect of their care. Where people were found not to have capacity to make decisions, best interests decisions were carried out involving relevant people including families and professionals where appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care from staff who knew them well. People had developed positive relationships with staff over time as they were mostly supported by the same staff on a regular basis. One person told us, "When I ask them, staff will help me. When I find something difficult they help me."
- We observed staff communicating with people respectfully. Time was given for people to respond using their individual communication methods. Staff and people demonstrated a genuine regard for each other. A member of staff told us, "We definitely spend quite a lot of time with [people]. So, if they have any problems, they can come to us." Another member of staff said, "I think we are professional but also like a family environment. We almost make sure they are given their personal space when they want it."
- Equality and diversity were promoted at the service and people were supported to feel positive about themselves.

Supporting people to express their views and be involved in making decisions about their care

- People were kept involved in making decisions about their care. People told us they met with staff to make decisions about the care provided. This included what people needed help with and how they liked care to be carried out. One person told us, "[Staff member] is my key worker, we go through [my care plan]." A keyworker is a member of staff with delegated specific responsibilities for an individual.
- Relatives we spoke to also said they were kept involved in planning people's care. One relative said, "I have a planning meeting every year and we look at different activities for my son. Sometimes he may not be willing to join in but he has the choice." Another relative told us, "I have an annual meeting to discuss care and [person] says what she wants."
- We observed that people were listened to during our inspection and people were empowered by staff to decide what they wanted to do and where they wanted to go.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. We saw that staff were discreet and respectful in how they spoke with and supported people. One member of staff told us, "We always knock on someone's door before entering. Privacy is important."
- People were supported to be as independent as possible and to learn new skills. One person told us, "I go out on the bus and see friends." They had been supported by staff to learn how to use public transport independently so they could travel to different places. Another person told us, "Yes, staff help me [to be independent]."
- One person preferred to use the kitchen without staff support. Their care plan reflected this but also informed staff to remain nearby so they could see and hear the person to help mitigate risks.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received person centred care. Care staff understood people's needs and how best to support them to achieve good outcomes. One relative told us, "Staff are kind, they talk to [person] well and allow her choices of what clothes to wear. When I pick her up she is always clean and well dressed." Another relative said, "Staff are always available to help."
- People received responsive care from staff that were able to adapt their support and be flexible in their approach. For example, we saw staff knew how to provide reassurance to help prevent people becoming anxious or distressed.
- Care plans were person centred, and captured people's personal histories, specific wishes in relation to the care they received as well as the things that they did not like.
- There was no one receiving end of life care at the time of inspection however people's care plans contained details of their end of life care preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Staff communicated well with people and understood them. One member of staff told us, "[Person] uses her own simple version of Makaton. You pick this up and then you know what she is asking for." A relative said, "Staff take the time to talk to [person] and explain any changes. She uses Makaton and other sign language to communicate with them."
- Care plans included detailed information about how to effectively communicate with people. This included how objects of reference or pictures could be used.
- Systems were in place to ensure information was provided to people in an accessible format. This included a pictorial format and staff would explain to people verbally or using other communication methods if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received support to do the things they wanted to. One person said, "I've been to a few places [with staff], a car museum, James Bond museum. I have done quite a lot." Another person told us, "I like going out, I go with [staff]."

- We saw that there were a range of activities available to people and support was flexible to help people to follow their interests.
- Staff knew what was important to people when going out. One member of staff told us, "They all like individual things. We give them one to one time to do things they love." A relative told us, "[Staff] understand [person] back to front and provide meaningful activities in their own activity centre."

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise a complaint or concern. One person told us, "A few times I have done that." A relative said, "I have only made one complaint in the last year about [health issue] and it was resolved. The manager and key worker will contact me about any concerns, and I can get in touch with them promptly."
- The service had a complaints policy and procedures in place provided guidance on actions they would take if a complaint was received. This included timescales and how they would respond to people.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives spoke positively about the outcomes they achieved with support from the service. One relative told us, "I have no complaints. I feel grateful that [person] is living there." Another relative said, "I have a lot of confidence in the staff team."
- There was a positive culture within the staff team, and it was clear that staff wanted to do their best for people. One member of staff said, "We have a staff team who are really kind and caring to our clients." Another member of staff told us, "If [people] are happy to see you that is nice, and that tells you that you are doing a good job."
- The registered manager understood their responsibilities regarding the duty of candour. They worked openly with families and kept them updated. Staff and relatives told us they felt comfortable raising any queries with the registered manager, and that the culture was an open one.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff demonstrated they had a clear understanding of their roles and responsibilities. The registered manager and deputy managers took a hands-on approach and were integral to the effective running of the service on a day to day basis. A member of staff told us, "I think it is well managed here. [Registered manager] is very approachable. He is fantastic."
- The provider had a robust auditing system to check all aspects of service delivery, ensuring the quality of care was a good standard, checking the daily logs, other documentation and staff training.
- Legal responsibilities were being met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and external health and social care professionals. People and their relatives told us they could speak with staff if there was anything they wished to discuss or change about their support.
- Staff received regular supervision and took part in team meetings which gave them the opportunity to contribute ideas. One member of staff said, "We get the opportunity [to contribute ideas], you can do that when we have a staff meeting." Another member of staff told us, "We don't have to wait for the staff meeting."

We can just say something to [registered manager] at any time."

- A range of methods was used to gather people's views which included regular telephone contact, care plan reviews, forums and questionnaires. The management team also frequently provided people's care themselves which gave them a good opportunity to discuss their care with them.

Continuous learning and improving care; Working in partnership with others

- The staff team worked hard to improve people's care. We saw that one person had been provided support to better manage their health. The registered manager told us, "We have made huge strides with managing [person's health condition]."
- There were regular opportunities for staff to reflect on learning in order to improve people's care. Any incidents or accidents were reviewed, and learning outcomes shared with the team.
- There were good working relationships with health professionals. One relative told us, "The staff team are pretty clued up. For example, they recommended speech therapist to help [person] with communication." A health professional we spoke to said, "[People] seem to be getting along really well with their carers... they attend their appointments on time. I do not have any concerns about them."