

# Midland Heart Limited

## Poppy Court

### Inspection report

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#### Ratings

### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

This inspection took place on 21 July 2015 and was unannounced.

Poppy Court provides an extra care service of personal care and support to people within a complex of 48 apartments and 10 bungalows. Staff provide care at pre-arranged times and people have access to call bells for staff to respond whenever additional help is required. The complex is spread over three floors with a lift and

stairs to each floor. People have access to communal lounges and a dining room where they can have lunch or tea. At the time of our visit 62 people were living within the complex.

The service had a registered manager. 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.

# Summary of findings

At our previous inspection in April 2014, we found three breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008. During this inspection we found progress had been made in addressing our concerns, but further action was needed to consolidate the improvements made.

People received varying levels of support depending on their needs. Some people only required a wellbeing check or minimal assistance with personal care. Others required assistance with administration of medication, continence care, nutritional support and with mobility. People told us they felt safe living in their accommodation and with the staff who delivered their care. Staff were aware of the action they needed to take if they had any concerns about people's safety or health and wellbeing.

The staff allocation sheets showed there were sufficient staff to cover the scheduled calls to people. However, people told us there were occasions when they had to wait if they requested assistance between their scheduled calls. The registered manager had identified that due to an increase in people's needs, more staff were required on each shift. New staff had been recruited and were awaiting the outcome of checks to ensure they were safe to work with people before starting work at the service.

Staff received a detailed induction and training when they started working at Poppy Court. Some training was out of date, but there were plans to ensure all staff completed the required training so their work reflected best practice. Staff received supervision and support and told us the registered manager and senior staff were "open and very easy to approach" and "responsive".

Care plans did not always include important information about risks to people's health, but staff were able to talk confidently about how they managed those risks.

Care plans were detailed and written in a person-centred way that supported staff in delivering care and assistance that met people's individual needs. People were happy with the care they received and said staff were caring and friendly. Staff respected people's privacy and maintained people's dignity when providing care. The manager and staff understood the principles of the Mental Capacity Act (MCA) and gained people's consent before they provided personal care. All the people we spoke with clearly recognised that due to the support and care provided by staff, they were able to enjoy living relatively independently in their own homes.

There were processes to monitor quality through feedback from people and a programme of checks and audits.

# 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?

The service was mostly safe.

There was a procedure to identify risks associated with people's care, but care plans did not always include important information on how to manage the identified risks. Staff understood their role in keeping people safe and their responsibility to report any concerns they had about people's emotional and physical wellbeing.

Requires improvement



### Is the service effective?

The service was effective.

New staff received training and an induction to make sure they could meet the needs of people safely and effectively. Plans were in place to update training so the work of staff reflected best practice and their skills were maintained. Staff understood about consent and respected decisions people made about their daily lives.

Good



### Is the service caring?

The service was caring.

People told us staff were kind, respected their privacy and dignity, and promoted their independence. People were able to express their views and guide staff as to how they wanted their care to be carried out.

Good



### Is the service responsive?

The service was responsive.

Care plans were detailed and written in a person-centred way that supported staff in delivering care and assistance that met people's individual needs. There was a range of activities offered to provide stimulation for people and prevent social isolation.

Good



### Is the service well-led?

The service was well-led.

The registered manager was new in post but had already identified areas where improvements were required. Staff said they were supported to carry out their roles and were motivated towards providing a quality service to people.

Good



# Poppy Court

## 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.

The inspection of Poppy Court took place on 21 July 2015 and was unannounced. The inspection was conducted by two inspectors and an 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.

We reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority contracts team and asked for their views about Poppy Court. We did not receive any information of concern.

During our visit we spoke with the registered manager, two senior support workers, five support workers and the activities co-ordinator. We spoke with 12 people who used the service. We reviewed three people's care plans and daily records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated including, medication records, staff recruitment records, the provider's quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

People said they felt safe at Poppy Court. Comments included: “I feel very safe, they (staff) are all very accommodating, they look after me,” and “I feel safe, staff visit regularly.”

When we inspected the service in April 2014 we found there was a breach in the Health and Social Care Act 2008 and associated Regulations. Assessments conducted to identify where people were at risk were not updated often enough or written in sufficient detail to reflect the person’s current condition to ensure they were protected from the risk of harm. This was a breach of Regulations 9 and 10 of the HSCA 2008 (Regulated Activities) Regulations 2010. We asked the provider to send an action plan telling us how they would make improvements. At this visit, we found improvements had been made, but further improvements were required to ensure care was always provided consistently and safely.

There was a procedure to identify risks associated with people’s care, but care plans did not always include important information on how to manage the identified risks. For example, people who needed assistance to move around or take their medicines had care plans to manage or reduce those risks, but there was no care plan for a person who was at risk of skin breakdown. Some people living at Poppy Court could demonstrate behaviours that could cause anxiety to other people. There was a lack of written information for staff about what action to take to manage those behaviours and reduce any impact on others. However, staff we spoke with were aware of risks to individuals and able to talk confidently about how they supported people with needs relating to skin breakdown, falls and behaviours. This included both the prevention of risk and risk management methods.

At our last inspection we found where risks to people’s health and wellbeing had changed, care plans had not been updated. Following that inspection, the provider introduced “impact statements” for significant, sudden or temporary changes to people’s care plans which staff read on a daily basis. We looked at a selection of impact statements and saw they alerted staff to changes in medication, short term changes in mobility or where people required more support because of illness. This ensured staff were aware of any new risks or changes in risk so they could meet people’s support needs safely.

People who required equipment to assist them when they were moving in and out bed told us they felt safe when staff were operating the equipment. One person responded, “Staff only use it when I can’t get myself into bed. When they need to use it they know what they are doing.” People also had personal alarms which when pressed alerted staff if they got into difficulties in between their scheduled calls.

We asked staff how they made sure people remained safe and were protected from abuse. Staff had completed training in keeping people safe and understood abuse could take many different forms. Staff told us they were observant for signs that might mean someone was experiencing, or at risk of abuse. One staff member said, “I would keep an eye on people and if their behaviour changed, if they became withdrawn or were just not themselves, I would be concerned.” Staff were aware of the action they should take if they had any concerns. They told us they would report them to a senior member of staff immediately, with one staff member saying, “I would have no hesitation in doing so at all.” There was a policy and procedure for safeguarding people and the registered manager understood their responsibility, and the procedure, for reporting allegations of abuse to the local authority and CQC.

Information was displayed in communal areas to enable people, visitors and staff to report any concerns of abuse directly to the local authority. This included the provider’s own easy read guide to their safeguarding policy and information about abuse. This ensured important information to support people in recognising abuse and to keep them safe was available to everyone. Work was also done periodically by the activities co-ordinator to promote key safety messages. For example, there had been sessions on safeguarding and drinking enough fluids to maintain their health and wellbeing during hot weather.

The staff allocation sheets showed there were sufficient staff to cover the scheduled calls to people. However, people told us there were occasions when they had to wait if they requested assistance between their scheduled calls. We asked people how long it would take staff to respond to their requests for assistance. One person told us, “It can depend on what is going on, sometimes it can be straightaway, other times a bit longer.” Another said, “If I want to go to the toilet I press my buzzer but it can take a

## Is the service safe?

while before they come. The afternoon is not a good time to go to the toilet as there doesn't seem to be staff around. They do what you want them to do, but they definitely don't have time."

Staff told us they felt staffing levels were a problem. They told us they were meeting people's needs safely, but at times this was proving very difficult. One staff member told us, "The workload is so heavy, everyone is so busy, they are tired. It is hard." Another told us, "We can meet needs at the moment but it can be a struggle at times." Another staff member added, "The challenge is time because we are taking on more intense packages so we need more time."

The registered manager had identified people living at Poppy Court were developing more complex needs and had taken action to increase the staffing levels. An extra member of staff was to be put on the rota on both the morning and afternoon/evening shifts. One staff member told us, "It will be better when we get the fifth in the morning and the fourth in the afternoon. They have done interviews and we have got new staff starting."

Staff files indicated that safe recruitment processes were followed including a DBS (Disclosure Barring Service) and

reference checks. DBS checks were updated regularly. One new member of staff told us, "I had my DBS and references. I had to wait until they had all come through." The recruitment procedures ensured staff were safe to work with people who used the service.

Some people managed their own medicines, but other people needed support to do this. One person told us, "I can do my own medication. I know when I have to take it." People who were assisted to manage their prescribed medicines said they nearly always received their medicines when they should. One person told us, "Staff come 90% of the time, on time, to give me my tablets."

There was a procedure for supporting people to take their medicines safely, and where people required assistance to do this, it was clearly recorded in their care plan. Staff had completed training to administer medicines and had their competency checked by senior staff to ensure they were doing this safely. Completed medication administration records (MAR) showed people had been given their medicines as prescribed. There was a procedure to check medicine records regularly to make sure there were no mistakes.

# Is the service effective?

## Our findings

People told us staff were competent when providing their care and support. Comments from people included, “They (staff) are very good and do know what they are doing,” and “It’s my husband that receives care every day. I have no complaints about the staff at all.”

Staff told us they received an induction into the service that made sure they could meet people’s needs when they started work. This included training and working alongside a more experienced staff member before they worked on their own. One new member of staff told us, “I shadowed for about two and a half weeks with different members of staff on different shifts and then it was my decision to go out on my own.” A key part of the induction for new staff was completion of the Care Certificate which was introduced in April 2015. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

Staff told us they had received training in those areas considered essential to delivering care safely and effectively. However, when we looked at training records we found refresher training was well overdue in some areas. Whilst people did not raise any concerns during our visit, it is important that staff receive timely training to ensure their work reflects best practice and their skills are maintained. We raised this with senior staff who told us, “Because of staffing levels [training co-ordinator] has not been able to release anyone for training. Hopefully when we get the new staff we can release the staff for training.” The training co-ordinator had liaised with an external training provider to identify appropriate courses and assured us these would be booked as a priority.

Staff told us they received regular supervision and quarterly reviews of their work which linked into an annual appraisal. Staff advised that matters discussed in quarterly reviews had been acted on. One staff member told us they had been supported to undertake a dementia qualification having requested this in their quarterly review. It was anticipated their training would be shared with other staff so they had the skills to support people with a diagnosis of dementia as their needs changed.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report

what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. The registered manager understood people were assumed to have capacity to make decisions unless it was established they did not have capacity. They explained, “They may make the wrong decision, but we are all entitled to make the wrong decision. If I had any concerns I would refer them to their GP. One day they may have capacity to make the right or wrong decisions and another day they may not. This could be because of a urinary tract infection or any infection, hence that is why I would contact the GP. I would walk down every avenue before stripping someone of their decision making.” Staff we spoke with were aware of how they should manage issues around consent and capacity. When we asked about someone who might refuse personal care, one staff member responded, “I would not press it, I would go away and come back later and try again. ....if it was still a problem I would raise it with the duty officer.”

DoLS makes sure people who lack capacity to make certain decisions do not have their liberty restricted unless specific safeguards are in place. There was an open door policy at Poppy Court and people were able to come and go as they wished. However, during our visit we were made aware of a person who had been dissuaded from leaving the building a couple of days earlier because of concerns about their physical safety. The registered manager assured us they would make a referral for an assessment as to whether the person had the capacity to make a decision to leave the building to ensure their liberty was not being unduly restricted.

Some people prepared all their own food and drinks; others made their own breakfast and bought a lunchtime meal and evening meal from the restaurant within Poppy Court. Other people told us that staff prepared their food and drink for them or supported them to make their own meals. During lunch we saw the meals served in the dining room looked appetising, were well presented and nutritionally balanced. When visiting people in their homes, we saw they had a drink on a side table where they could easily reach it. In the communal areas there were tea and coffee making facilities where people could help themselves to drinks. People we spoke with confirmed they had enough to drink throughout the day.

People’s medical appointments were arranged by themselves, their relatives or staff. Staff checked people’s

## Is the service effective?

health during their calls and took appropriate action when a need was identified. One person was unwell during our visit. Staff continually monitored the person and promptly called for medical support when their condition deteriorated. Staff were also able to arrange for healthcare professionals such as opticians, chiropodists and dentists to visit people in their own home.

The service provided a wellbeing drop in clinic one day each month to support people's good health. People were able to visit the wellbeing nurse and discuss any concerns. The nurse also carried out baseline assessments of health such as blood pressure, weight and general health and relayed any concerns to the person's GP.



# Is the service caring?

## Our findings

People lived in their own flats so we were unable to observe care directly, but people told us staff were caring and treated them with respect. Comments included, “The staff are very good, they genuinely care for you,” and “Staff have a caring attitude and they respect my privacy.”

Interactions between staff and people in the communal areas appeared to be positive, caring and respectful. We saw one person sitting on a sofa with a member of staff either side of them. The person was very distressed. The two staff members were trying to console them; they appeared to be familiar with the person’s behaviour and dealt with the situation compassionately and with professionalism.

People appeared relaxed and happy in the company of care staff and felt able to go and speak to staff in the office at any time of the day. Staff recognised the individual needs of people they provided care and support to and listened to what they had to say. One staff member told us, “Everyone has a voice.”

Staff we spoke with told us they enjoyed working at Poppy Court and thought the service provided was caring. A typical comment was, “I absolutely love it. It is a caring service, we are like a family.”

All the people we spoke with clearly recognised that due to the support and care provided by staff, they were able to

enjoy living relatively independently in their own homes. Staff confirmed they promoted independence, with one staff member telling us, “People can be as independent as they want to be.” Another staff member told us that an important part of their role was, “Helping people to try and live independently, and if they can’t live independently, to help them if I can.” Staff encouraged people, where possible, to undertake their own personal care and daily living tasks. One person told us, “I am independent and I don’t want any help from staff. My bathroom has rails in it so I can do everything myself.”

People were involved in care planning, and choosing options regarding their care. For example, one person told us, “I have a shower every Tuesday. Staff assist me but I don’t have any male staff.” People in receipt of personal care told us they were able to express their views and guide staff as to how they wanted their care to be carried out. People could choose whether to have their care provided by staff at Poppy Court or from another service provider.

People confirmed staff respected their homes and knocked on the door and waited for a response before entering. One person explained, “Staff always ring my door bell and then call out, they never just barge in.” Another person said, “The staff show me respect and dignity when they help me with my shower.”

Friends and family were welcomed into Poppy Court at any time and a guest room was available at a small charge for visitors who wished to stay overnight.

# Is the service responsive?

## Our findings

When we inspected the service in April 2014 we found there was a breach in the Health and Social Care Act 2008 and associated Regulations. The provider had not taken due regard to complaints raised by people who lived at Poppy Court. This was a breach of Regulation 10 of the HSCA 2008 (Regulated Activities) Regulations 2010. We asked the provider to send an action plan telling us how they would make improvements. At this visit, we found improvements had been made, but further improvements were required to ensure complaints made were used to improve the quality of service people received.

Each person was given a welcome pack when they moved to Poppy Court which gave information about how they could raise any concerns or complaints they may have. There was also an easy read guide to the complaints procedure displayed in the entrance hall which was accessible to everyone who used or visited the service. All the people we spoke with were able to identify someone who they would talk to should they wish to make a comment or complaint. As part of their induction staff were taken through the procedure for handling complaints so they understood what action they needed to take if people raised a concern directly with them. One staff member told us, "I would listen, take down their complaint and hand it to my supervisor unless it was something I could sort out."

We looked at the complaints log and saw there had been one complaint since our last inspection. It had been dealt with in accordance with the provider's complaints procedure. However, during our visit we became aware of another complaint that had been recently received about the timing of a person's visits at night. Action had been taken to address the person's concerns, but the complaint had not been logged. We discussed this with the registered manager who confirmed this had been an oversight. They assured us they would log the complaint so the provider had an accurate record they could analyse for trends and areas of risk that needed to be addressed.

At our last inspection there had been a number of concerns raised around the catering arrangements. We did not receive any similar concerns at this inspection.

People we spoke with told us the registered manager and staff were responsive to their needs. One relative told us they had requested a change in the timing of the calls their

family member received and explained, "I was told they would see what they could do as the rotas and work schedules had already been planned. A couple of days later the staff arrived at a different time so my request had been met and [person] could now attend the afternoon activity."

We looked at the care files of three people who used the service. These contained information that enabled staff to meet people's needs in a way they preferred. Care plans were detailed and were written in a person-centred way that supported staff in delivering care and assistance that met people's individual needs. Plans were reviewed and updated to ensure people's needs continued to be met. Staff told us they had enough time to read and update care records. Staff also received a handover of information between each shift and a daily schedule of calls which updated them with people's care needs and any changes since they were last on shift. We asked one new member of staff how they gained their knowledge of the care people required. They responded, "Through the people I was working with and by looking through the care plans and speaking with people and spending time with them." Other staff members we spoke with had a good understanding of people's care and support needs.

People's care plans also included personal information relating to their background as well as a guide outlining their likes, dislikes, hobbies, interests and other day to day information that was important to them. The registered manager explained, "The care plans are very informative. A completely new member of staff would know immediately what that person's wishes, likes and dislikes are."

People were able to attend regular activities such as a weekly bingo session and a daily coffee morning which helped to prevent social isolation. An activities co-coordinator held various art, crafts and games sessions. A timetable was put on the 'resident's notice board' every Monday advising of the events to be held that week. The activities co-ordinator explained that the activities were aimed at promoting physical, intellectual, emotional and spiritual well-being. Some of the activities planned in the month of our visit included a clothes sale, exercise class, church service, quiz game and "singalong". Activities were often planned in line with public holidays, national awareness days and significant events. For example, people had recently been offered the opportunity to celebrate "national wine day" by tasting different wines and cheeses.

## Is the service responsive?

The activities co-ordinator told us that whilst there were group activities on offer, individual needs were also met. For example, art classes were offered on three different levels according to ability. People who wished to join in were supported as much or as little as they needed. Reminiscence sessions were also offered, but staff avoided talking about particular issues or time periods where they were aware this may cause distress because of people's past histories.

People were also supported to contribute to life within Poppy Court. The service had its own 'residents shop' run by people who lived within the service. This was open once a week for people to purchase essential items.

Family, friends and the wider community were encouraged to participate in some events. Children from a local nursery were providing entertainment one afternoon and a tea party that was open to all was planned for the week following our visit. There was information available for people about activities being promoted within the local community.

# Is the service well-led?

## Our findings

We asked people whether they thought the service was well run. Responses included: “On the whole, eight out of ten,” “Yes it is run like a hotel,” and “Yes, well reasonably so, they do their best.”

Poppy Court had been through a period of managerial change. At our last inspection the registered manager was overseeing three services within the provider group. We found this impacted on the time they were able to spend at the service and the quality of care provided. That registered manager had taken on another role within the provider group and the service had been managed by a senior member of staff until a new manager was appointed. The registered manager at the time of our inspection had worked for the provider in another managerial role and been in post at Poppy Court for eight weeks.

Talking with people who used the service and the staff who cared for them, it was clear that the needs of people living at Poppy Court had increased. One member of staff told us, “We need them (staffing levels) increasing because we are taking on more in-depth packages with more needs. Some packages have changed with increased care. To meet their needs we need to put extra staff on each morning and afternoon.” The registered manager had recognised this in the short time they had been at the service. When asked what the biggest challenge they faced was, they responded, “Change of customer needs. You have to be honest with yourself whether you can meet their needs. The more hours (of care) we have to deliver, then we will need new staff. I have a duty of care to my customers and I also have a duty of care to my staff.” The registered manager had identified that staffing levels needed to be increased and recruited new staff for the day time shifts. They had also reviewed the length of calls to ensure staff had the time to deliver the care required and instigated a minimum call time of 15 minutes.

All the staff we spoke with were positive about working at Poppy Court with one staff member telling us, “I really do enjoy working here and I get a lot of reward out of it.” Another added, “This is a lovely place to work with a good, cohesive staff group.” The registered manager was aware of the commitment of staff and told us, “The staff do have a

great rapport with the customers. The staff do a lot of extra things that don’t get written down. Staff take the time out to sit with people. They are prepared to do that in their own time.”

Staff told us the registered manager and senior staff were “open and very easy to approach” and “responsive”. One staff member told us they were supported through the “management vision” which they explained was “active people are happy people.”

Staff were invited to attend staff meetings. The minutes we looked at showed that staff were able to raise issues and that meetings were a two way process between the managers and staff. For example, staff discussed the needs of people who were due to move into Poppy Court and how they were going to meet those needs. Where issues had been raised, they had been acted upon. Following a request at a full staff meeting, a further meeting had been held specifically for care and support workers. Minutes also indicated that the meetings were used to remind staff to read key policies and procedures and to ensure they undertook key pieces of learning.

Staff told us they would not hesitate to raise concerns if they saw poor practice. They said they would use whistleblowing to raise concerns externally if they felt the provider had not acted to protect people.

People and visitors were invited to give their views of the service provided at Poppy Court. A questionnaire was available for people to complete next to the signing in book in the entrance hall. The registered manager told us that not many of these had been returned and a more formal questionnaire was to be put through every person’s letter box and handed to outside agencies who visited the home during August 2015. This would be analysed at both service and provider level to identify any areas where improvements in the quality of service provision were required. During our visit we saw people and their visitors felt comfortable and confident to call into the office to ask questions and discuss issues. The registered manager explained, “The staff are readily available and the office is always open to people and their families. It is like home from home. it is a comfortable environment. They can come to the office whenever they like.”

The provider carried out audits and monitoring visits of the service. From these audits a service improvement plan was prepared and further validation visits were carried out to

## Is the service well-led?

ensure the actions identified had been completed. The registered manager was confident the increase in staffing levels and a settled management team would support them in consolidating the progress already made in respect of the issues identified at our last inspection.

The registered manager understood their responsibilities and the requirements of their registration to submit statutory notifications and inform us of any incidents that affected the running of the service.