

Midland Heart Limited

Poppy Court

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This inspection site visit took place on 3 and 5 July 2018 and was announced.

Poppy Court is an 'extra care' housing scheme. People live in their own homes where care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for extra care housing. We only inspect the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

Poppy Court provides personal care and support to people within a complex of 48 apartments and 10 bungalows. Not everyone living at Poppy Court received personal care. At the time of our visit 31 people were in receipt of personal care from the provider.

The apartments are arranged over three floors with a lift and stairs to each floor. Staff provide care at pre-arranged times and people have access to call bells for staff to respond whenever additional help is required. People also have access to communal lounges and a dining room.

At our last comprehensive inspection in June 2017 the provider was not meeting all the regulations. We found a breach in Regulation 12, in relation to safe management of medicines, and improvements were required in the key questions 'is the service' safe, effective, responsive, and well led. We rated Poppy Court as 'Requires Improvement' overall.

We asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good. At this inspection we found the provider was no longer in breach of the regulations and the required improvements had been made. We rated the service as Good.

Since the last inspection the registered manager had resigned. 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. Following the resignation of the registered manager, the provider's area manager for Poppy Court registered as manager on an interim basis, until another registered manager was recruited. A new manager had been employed by the provider in May 2018 and was in the process of registering with us. The new manager supported this inspection and we refer to them as 'the manager' within the report.

People received varying levels of personal care and support depending on their needs. Some people only required wellbeing checks or minimal assistance with personal care. Others required assistance with administration of medication, continence care, showering/bathing, nutritional support and with mobility.

People felt safe living at Poppy Court and with the staff that visited them. Staff had completed safeguarding training and understood how to keep people safe from avoidable harm and abuse. Risks to people's safety

were assessed and plans provided guidance for staff about how to reduce known risks. People who required assistance to take their medicines, received these as prescribed by staff who had completed training to do this safely.

People had an assessment completed at the start of their service to make sure staff could meet their care and support needs. Staff received regular training that provided them with the skills and knowledge to support people's needs and had regular checks on their practice to make sure they continued to support people safely. Recruitment checks were completed on new staff to ensure they were suitable to work with people who used the service. There was enough staff available to allocate all the visits people required and to meet people's needs safely.

People were visited by a team of staff that they knew and who they said were kind and considerate. Staff respected people's privacy and supported people to live independently in their own homes. Staff arrived around the time arranged and stayed long enough to do everything people needed without having to rush.

People's right to make their own decisions about their care were supported by managers and staff who understood the principles of the Mental Capacity Act. Staff respected people's decisions and gained people's consent before they provided personal care. When needed, arrangements were in place to support people to have enough to eat and drink and to manage their healthcare needs.

People were provided with care and support which was individual to them. The managers and staff had a good understanding of people's individual needs and preferences. People's care and support needs were kept under review and staff responded when there were changes in these needs. People were encouraged to raise concerns and were confident these would be responded to.

Staff were happy in their work and said they received good support from the management team who were always available to give advice. Staff understood their roles and responsibilities and had regular individual meetings and observations of their practice to make sure they carried these out safely.

The management team worked well together and were committed to providing a quality service to people. There were effective and responsive processes for assessing and monitoring the quality of the service. The manager used feedback from people to assist them in making improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe with staff, and there were enough staff to provide the support people required. Staff understood their responsibility to keep people safe and to report any suspected abuse. Staff knew the risks identified with people's care and how to support people safely. The provider checked the suitability of staff before they were able to work in people's homes. People who required support received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received training and supervision to ensure they had the knowledge and skills to meet people's assessed needs and deliver safe and effective care to people. The managers and staff understood the principles of the Mental Capacity Act 2005 and respected decisions people made about their care. Where required, staff made sure people had enough to eat and drink and referred people to healthcare professionals if needed.

Is the service caring?

Good ●

The service was caring.

People received a person-centred service from staff they knew well and who they considered were kind and caring. Staff understood people's individual needs, respected people's privacy and supported people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received a flexible, responsive service. Their preferences had been taken into consideration when planning and delivering their care and care plans provided staff with the information they needed to provide care safely and effectively. People's care and support needs were reviewed regularly and staff were kept up to date about changes in people's care. People knew how to

complain if they needed to.

Is the service well-led?

Good ●

The service was well led.

People were satisfied with the service they received and with the staff who visited them. Care staff received the support they needed to carry out their roles and felt confident to raise any concerns with the management team. The managers were committed to provide a quality service and there were processes to regularly review the service people received.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 3 and 5 July 2018 and was announced. We told the provider we would be coming so they could arrange for us to visit people who lived at Poppy Court. One inspector visited people who used the service on the 3 July 2018 and two inspectors visited the office on the 5 July 2018 to see the manager and staff; and to review care records and policies and procedures.

Prior to the office visit 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 reviewed the 'Share your experience' information people who used the service had sent us since the last inspection.

We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services paid for by the local authority. They had no new information to share with us.

We reviewed information the provider sent us in the Provider Information Return (PIR) during the inspection visit. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR was an accurate reflection of the service.

During our visit on 3 July 2018 we spoke with nine people who used the service, and one relative. During our office visit we spoke with the manager, the registered manager, who was also the provider's area manager for Poppy Court, a registered manager from another of the providers extra care services, a team leader, and three care staff.

We reviewed four people's care 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 files, staff training records, records of complaints and the provider's quality assurance audits.

Is the service safe?

Our findings

At our last inspection 'safe' was rated 'Requires Improvement'. This was because medicines were not always managed safely and people did not always receive their medicines as prescribed. We also found improvement was required in how risks associated with people's care were managed. At this inspection we found the required improvements had been made and people received a safe service. We rated safe as Good

At the last inspection in June 2017 we found a breach of the Regulation 12, safe care and treatment because medicines were not consistently administered correctly to people or managed well. At this inspection we found improvements had been made to the management of medicines and the provider was no longer in breach of the regulations.

Since the last inspection the provider had reviewed systems and processes for managing medicines safely. All staff had completed an update in their medication training to make sure they understood safe handling and administration of medicines. The manager told us, "The training was provided by the pharmacist we use. This was very in-depth training over two full days. Staff had to complete workbooks and had their competency assessed by the trainer before being signed off."

This training also included updates in areas where we had identified concerns at the last inspection. This included managing drugs that require recording and storing in a certain way, and managing anti-coagulant drugs (that are used to thin the blood) where the dose prescribed can fluctuate each day. Medicine records we viewed confirmed staff were administering and recording these types of medicines safely and accurately in accordance with NICE (National Institute for Clinical Excellence) guidelines. Staff had competency assessments completed three monthly to make sure they put their training into practice and administered medicines safely. Risk assessments for people who required assistance to manage their medicines or who managed their own medicines had been completed.

The manager told us, "This was the first thing I looked at when I started due to the serious concerns identified in the CQC report. Midland Heart (the provider) had already made a lot of improvements." They went on to say, "We have audits and support visits by the pharmacy. They are very supportive and this shows Midland Heart took the concerns on board." The provider and pharmacist had recently undertaken audits of the medication processes and no concerns were identified.

People confirmed they received their medicines as prescribed. Comments included, "They never forget to give me my tablets. (Team leader) comes to check them every week," and "Staff come to give medicines, they come at the times they should do this."

Records we viewed confirmed staff had completed medication training and had a competency assessment completed before they were able to support people with their medicines. Staff recorded in people's records when medicines had been given and signed a medicine administration record (MAR) to confirm this. This included any prescribed creams or topical medicines. MARs were checked weekly in people's homes for any errors and audited every four weeks when they were returned to the office. MARs showed any errors

identified had been discussed with the member of staff involved and the outcome recorded on the back of MAR. One staff member said, "If you make an error then you have to meet with the team leader or manager to look at what went wrong and if you need any refresher training or help." There was also a medication error log to monitor for any trends.

The procedure to identify and manage risks associated with people's care had been improved since the last inspection. At this inspection we found potential risks to providing people's care and support had been identified at the start of their service. Risk assessments had been completed and information in care plans provided staff with detailed instructions about how to manage risks. For example, where people required help to move around, we saw information for staff in one care plan included, "Once I am ready give me 'ready steady stand'" and provided instruction on how to fit the standing belt correctly and safely. People told us staff knew how to move them safely. One person told us, "Always two staff come to use the hoist. They know how to use this and I feel really safe with this."

Staff we spoke with had a good knowledge of the risks associated with people's care and how these were to be managed. One told us, "It is our responsibility to keep them [people] safe so we need to fully understand any risks, like, if people are prone to falling. We read the risk assessments." Another said, "If we see the smallest thing that could be a new problem. Like a frayed carpet we report it so the assessment can be done or updated. Following the risk assessments keep the customers [people] safe."

People said they felt safe living at Poppy Court and with the staff who visited them. Comments from people included, "It's a very safe place to live. I feel safe in my flat and knowing there is always staff about if I need them." "You couldn't feel any safer then here," and, "I feel very safe here and well looked after."

The provider protected people from the risk of abuse and safeguarded people from harm. Staff had received training in how to protect people from abuse and they confidently described the types of abuse people may experience and the signs which might indicate someone may be at risk. One staff member said, "It could be physical, sexual, financial or emotional. Perhaps a customer's behaviour changed which could be a sign."

Staff demonstrated they understood their responsibilities to report any witnessed or allegations of abuse to the provider and were confident their concerns would be dealt with. One staff member commented, "I know management would deal with it but I would have absolutely no qualms about whistle blowing, informing CQC or the police." The staff member told us the provider had a confidential help line they could use for this purpose. Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. Another staff member told us, "I am confident we keep people safe."

Staff were available to support people at the times they needed to keep them safe and to meet their needs. People told us staff arrived at the times expected, stayed long enough to do everything they needed and there was always staff available if they wanted to speak with someone between allocated visit times.

Work schedules and staff rotas showed the usual complement of staff was three care staff and a team leader on each shift during the day and two staff during the night. Staff we spoke with told us this was sufficient to meet people's care and support needs. One staff member commented, "Every day is different. At the moment there is definitely enough staff." They added, "If we are struggling the team leader or manager will always help." The manager told us "Customers [people] do not have high needs at present, we will review staffing levels if needs change." Another staff member told us, "Staffing isn't a problem. We work together and when needed we will cover for each other."

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to staff starting work at Poppy Court, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. One staff member said, "I had to wait for all my checks to come back before I could start my induction."

Staff received training so they understood their responsibilities in relation to infection control and hygiene. One staff member told us that single use disposable gloves and aprons were readily available. They said, "We [staff] understand the importance of using PPE (Personal protective equipment) to stop the risk of spreading infections and we dispose of them safely in the disposal bin."

Staff demonstrated they understood the provider's emergency procedure and the actions they needed to take in the event of an emergency. One staff member told us, "We have regular fire drills." We observed staff response when the fire alarm activated during our visit. Staff knew the actions to take to keep people and themselves safe.

Records showed that accidents and incidents were monitored and any learning from the event identified. For example, one person had experienced several unwitnessed falls in their flat. They had been referred to the GP who had referred the person to the falls clinic. The manager had also referred the person to social services for an assessment for personal care support. A staff member said, "If something goes wrong we talk about it. We know we can ask for help. The new manager would want to know what, why and how we can prevent it from happening again. We would learn together."

Is the service effective?

Our findings

At the last inspection we rated 'effective' as Requires Improvement. This was because staff training was not up to date and where people lacked capacity to make certain decisions, mental capacity and best interests information had not been recorded in care records. At this inspection improvements had been made and we rated effective as Good.

The manager told us staff training had been refreshed since our last inspection and training was now up to date. They said there had been a 'massive' improvement in staff training but this was 'still a work in progress'. Staff confirmed they had completed update training. One told us "Another thing the manager is doing is making sure all our training is up to date."

People we spoke with said staff were competent and trained to provide their care and support. One person told us, "Staff know how to use the handling belt and the molift, (equipment to help the person stand), they have training to do this and are very competent." Another said, "Staff do have training, they know what they are doing."

People said they had an assessment completed when the service started to make sure staff had the training and skills to meet their needs. One person told us, "Yes I had an assessment before moving in. They asked me what I could do and what I needed help with."

Staff spoke positively about the ongoing training they received and were confident this ensured they had the knowledge and skills to meet people's needs. One commented, "Training is really important. Things can change and we need to keep ourselves updated." Another said, "I did moving and handling training. Now I always check the stand aid before I use it to make sure it is working properly."

In addition to refresher training staff were trained in areas specifically related to people's individual needs. For example, training to support people who experienced difficulty swallowing when eating or drinking (dysphagia). One staff member explained this training had made them feel confident to support a person who required a specialist diet to reduce the risk of them choking when eating. They added, "Training helps us in our role because things keep changing and it helps us keep up to date."

The manager maintained an up to date record of staff training. This included equality and diversity, safeguarding, people moving and handling, MCA and DoLS and risk management.

The provider's systems and processes ensured new staff received the support and training they needed when they started working at the service. One staff member described their induction as 'very good'. They explained they felt this was because they worked alongside an experienced staff member and had been given time to learn about people's needs and to get to know people.

Staff inductions also included reading the provider's policies and procedures, and working towards the Care Certificate. The Care Certificate assesses staff against an agreed set of standards during which they have to

demonstrate they have the knowledge, skills and behaviours expected of specific job roles in social care sectors. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff told us their knowledge and learning was monitored through individual meetings with their line manager and observations of their practice. Supervision meetings were scheduled in advance and the manager checked to make sure meetings were taking place as planned. Staff said they valued the meetings. One staff member said, "Supervision is supportive because we can talk through what we are doing and any help we may need."

Records showed the management team regularly observed staff to ensure they were putting their training into practice and were working in accordance with the provider's policy and procedures. One staff member commented, "The team leaders, often, watch us working. We get feedback which I think is good. You can learn if things need to be changed or if you're doing a great job."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The managers and care staff understood the principles of the Mental Capacity Act. Staff had received training in MCA and knew to ask people for their consent before they provided care and respected decisions people made about their care. The manager told us they checked staff knowledge and understanding of MCA at team meetings by asking questions. They said, "Staff know about MCA they understand about consent and safety and unwise decisions."

People we spoke with confirmed they had agreed to the care and support provided and that care staff gained their consent before providing support. One person told us, "I can't wash or dress myself so staff come every day to give me a wash or a shower, they ask what I want and always give me a choice in everything." Staff confirmed they gained people's consent, one staff member told us, "I get consent by asking, for example, what would you like me to do today? Would you like a bath or a shower?"

Staff also knew what to do if people declined care. One told us, "If someone declined their care I would talk to them to try to understand why. If they still said no I would go back later and try again. If that failed I would speak with the team leader to seek advice," and, "They [people] have the right to say no but we are responsible for making sure they are ok. If a customer repeatedly said no I would talk to the manager. I wouldn't just leave it."

At the last inspection we found where people required support to make decisions, mental capacity and best interests information had not been recorded in care records. At this inspection the managers and staff told us everyone living at Poppy Court could make their own decisions or had relatives who could make decisions in their best interest. The managers knew who to contact if they were concerned about a person's capacity to make informed decisions. For example, the manager told us about one person, who was forgetting to take their medication at the right time. They were looking at ways to support the person to continue to do this and were arranging a best interest meeting with the person and social services to discuss the options.

We noted that mental capacity was not included in the providers initial assessment process or incorporated

into the care planning documents. There was no information to show if people were able to make decisions themselves or needed support to do this. We discussed this with the manager and area manager who said this would be included in the documentation and sent confirmation following the inspection to confirm this had been completed.

We looked at how people's nutritional needs were monitored and managed. Some people we spoke with made their own meals; others had staff support to make drinks and meals. Where staff supported people to prepare meals they made sure people were offered a choice of food and had sufficient to eat and drink. People had the option of purchasing meals from Poppy Court every day, if they preferred not to cook. One person, "I get my own breakfast and have my dinner in the dining room, the meals are very good."

Everyone we spoke with said staff made them a drink before they left their home. During visits to people we saw they all had drinks close to hand if they couldn't get drinks themselves.

Arrangements were in place to assess and monitor people's dietary needs if this was required. Staff were aware of people's specific dietary needs and any recommendations made by Speech and Language Therapists (SALT). One staff member commented, "We follow the advice of the SALT team. It helps to keep people safe."

Where required staff monitored people health and welfare. Some people told us they made their own health appointments, others said staff supported them with this when needed. Staff told us they liaised with district nurses or doctors on behalf of people to arrange appointments or seek advice when needed. One staff member said, "If they [people] need help to make appointments we do it." They went on to describe how staff made telephone calls to health care professionals to support a person who had difficulties with speech. They added, "It make [person] feel less embarrassed or stressed." Another staff member commented, "We work closely with all professionals. We work together because it is in our customers [people's] best interest so they can get the best care possible."

The manager told us if they had any concerns about a person's mobility they referred them to the occupational therapist (OT) for assessment and equipment. They told us the OT had visited a person who needed help to move up the bed with the aid of a slide sheet and the support of two staff at each visit. The manager said, "The OT has put a new 'two-way slip sheet' in place which they hope will increase the person's independence as they will be able to move up the bed themselves. They (OT) are coming back tomorrow to monitor how the person is managing." The manager told us they had asked the OT to provide photographs for staff about how the person should use the slip sheet.

People told us that their individual needs were met by the adaptation of the environment at Poppy Court. One person told us, "My mobility is not as good as it was but I can get around alright. The rails in the passage ways really help me to get around." Another said, "They (provider) are adapting my kitchen to lower the work surfaces as I use a wheelchair they are a bit high."

Is the service caring?

Our findings

At the last inspection we rated 'caring' as Good. At this inspection we found staff were as considerate and caring as at the last inspection and the rating continues to be Good.

People spoke positively about the care and support they received and said staff treated them with kindness and respect. Comments from people included, "I love it here, staff are very good. Very kind and caring," and, "We have very friendly staff that will do anything for you." A staff member told us, "I love my job. I have 20 Nanna's and 20 Grandad's here. I jump out of bed to come to work. If I'd known how good working in care made me feel I would have come straight into it after leaving school."

People lived in their own homes so we were unable to observe people's care directly, but people told us their privacy and dignity was maintained. One person told us, "Staff always knock and wait before they enter my flat, they don't just walk in.". Others said, "Staff are always very respectful and maintain my privacy." and, "They are all very particular about maintaining your privacy and always treat you with respect."

Staff understood the importance of respecting and ensuring people's privacy and dignity was maintained. One staff member explained they did this by closing doors and curtains before assisting people with personal care. Another staff member said, "If I'm helping with washing or showering I always make sure people are covered up with a towel. I think about how I would feel if I had to undress in front of someone. Even though they [people] know us we have to make them feel as comfortable as possible. I don't want someone to be embarrassed."

Staff knew people very well and had built friendships with people. Staff knew about people's preferences, for example how they preferred their personal care provided, what people liked to eat and drink, and about things which were important to people, like their family. People were satisfied with how staff provided their care, one person told us, "They are all very patient with me, they don't rush me. They are all really good." Another said, "I now need help with washing and dressing. I used to be able to do this myself before I went into hospital. I am very grateful for the help and they (staff), never make me feel embarrassed."

We asked staff what caring meant to them. One said, "It's got many dimensions. Ensuring people have a choice, helping only when needed and not taking over. Being a friend, when needed and making sure they [people] know they are important." Another staff member told us, "Providing the support customers need in a sensitive, respectful and friendly way. Taking time to learn about people, sharing stories and laughing together."

People told us staff were kind, friendly and considerate. For example, "Staff are pleasant and friendly, we chat as we go along which I like," and, "All the staff are very thoughtful of you." Staff told us they 'loved' working at Poppy Court and took satisfaction in their roles because they made a difference to people's lives. One staff member said, "If I leave my customers [people] with a smile I know I've done a good job." Another said, "I love my job. I work with a real diverse mix of people. I just go in and be myself and show each one they are important."

Some people at Poppy Court lived independently with only well-being checks to make sure they remained safe, while others required full support and assistance to live their lives as they chose. People said they could maintain as much independence as they wished. One person told us, "I look after myself with a little bit of help." Staff understood the importance of encouraging people to be as independent as possible. One told us, "We always try to encourage customers to do things for themselves. They feel in control when they do things independently."

People said staff arrived around the same time each day to provide their care and support and stayed long enough to do everything they needed without having to rush. Staff said they had sufficient time allocated to people's care calls and had time during the call to speak with people and find out how they were.

The manager and staff told they always had time to talk with people during visits which supported the well-being of people who lived at Poppy Court. One staff member told us, "Customers can be very isolated so we try to encourage them to come out of their flats and join in some of the activities. They added, "We respect that some just like their own company but we make sure we chat and spend time with them. For some customers [people] we are the only person they will see. You wouldn't believe how just talking can make their day."

The people we spoke with told us there were a range of activities for them to be involved in if they wished. One person said, "They send a list around to your flat to let you know what's going on like coffee mornings or exercise groups." Another said, "There are lots of entertainment and things if you want to get involved. We have a list every week, it's very good."

People told us they were involved in their care and how they would like to receive this. This was evidenced through talking with people and staff, and within people's care plans. One person told us, "I do feel involved in my care. I know what is in my care plan as they discuss things with you."

The manager told us, there was no one using the service that had any specific cultural needs but everyone had diversity needs as 'we are all different.' They said, "I check staff knowledge about the diversity and the protected characteristics and ask them what that means for their practice." Staff had completed training in equality and diversity and understood how this affected people's lives. One staff member said, "Equality is about not bringing your point of view or beliefs into everything, it's about respecting differences. Listening, being open, approachable and respecting other's choices and what's important to them."

The manager and staff told us they offered people a preference of gender of care staff, but let people know they could not always guarantee this due to staff shift patterns.

The provider had a tool for recording sensitive information during the initial assessment such as people's sexuality and funeral arrangements. The manager told us, "Midland Heart has a LGBT (Lesbian, gay, bisexual and transgender) community and we were part of the Birmingham Pride celebration. We discussed this with the customers and staff wore rainbow wristbands if they chose to." (A rainbow is the symbol of the LGBT community).

Staff understood their responsibilities and the importance of keeping people's personal information confidential. One staff member described how they 'turned over their job card' when they entered a person's home. They said, "It's very important not to have anything on show."

Staff told us they were proud of the service provided at Poppy Court. They told us, "I believe customers [people] receive a good service because we all really care," and, "The customers always come first."

Is the service responsive?

Our findings

At the last inspection we rated 'responsive' as Requires Improvement. This was because care plans were not up to date, records staff completed during visits to people were not in date order and it was difficult to see what time people had received their care calls. This meant staff coming on duty would not easily know what care and support had been provided and when. Complaints had not been managed in line with the providers policy and procedure. At this inspection improvements had been made and we rated responsive as Good.

People told us that consistency of care workers had improved since our last inspection and they were now visited by staff they knew. One person said, "There is more consistency now they don't use agency staff, they use bank staff so its carers we know." Another told us, "Yes we have a team of staff, I know them all but I am terrible remembering names."

Staff told us they visited the same people. "We have three work schedules. We do a different one each day so you get to know everyone and they [people] know us." Another said, "It's important for them to know who is going to visit. No one likes a stranger turning up." Staff confirmed that agency staff were no longer used which had improved consistency for people. We were told, "We have some bank staff. So, if cover is needed they [people] still know the staff member who is visiting."

People told us they received care and support based on what they needed and in the way they liked. We asked people if they received good care, they told us they did. One person said, "The staff are very kind and it is a really good place to live. The best I've been in."

Everyone we spoke with knew the times of the care calls and confirmed staff arrived around the time expected. For example, one person told us, "Staff visit four times a day and pop in at night to make sure I'm settled for the night." Another said, "I know what time they are supposed to come and its almost dead on the same time each day, it is really good."

Staff said they were allocated sufficient time to carry out their calls without having to rush and had flexibility to stay longer if required. One person told us, "We do have time to have a chat which is really important to me as sometimes I don't see anyone but the staff." A care worker told us, "If a call took longer we would stay, like if someone was not well. I would never leave until everything was done and they were happy." They added, "If the call regularly took longer we would tell the team leader so it could be reviewed and increased."

People told us that prior to moving into Poppy Court, managers spent time discussing their care and support needs and how they wanted to be supported. People's care was then planned from the assessment and a care plan completed that informed staff what support people required. All the people we visited said they were involved in planning their care and that care plans were an accurate account of what they needed staff to do.

People we visited had a care plan in their home for staff to follow. People told us "Yes they did an assessment, and I have a care plan. It's just been updated by the social worker as things have changed. The current support I get meets my needs." Another said, "Yes I have a care plan, they are organising a new one as I now prefer to have a shower instead of a bath."

Staff had the information they needed to support people and respond to any changes in people's needs. Staff told us information in care plans had improved since our last inspection. Staff comments included, "Some care plan didn't give us much information but they have been worked on and they are much better. They give us lots of information." Staff said they had time to read care plans and had updates about any changes in staff handover meetings. One staff member told us, "If something has changed on a plan we get told at handover. Any change, even the slightest thing is recorded. They are very good."

One staff member explained changes were also recorded in 'impact statements. These were documents that they read and signed to say they had understood the change. They said, "Lots can change in a day so it's all recorded in an 'impact statement' even the slightest change so we are fully up to date before we start our shift." They added, "It also means you can go back and check if you're not sure about something."

People told us they read their care plans and said they were an accurate account of what was required. One person told us, "Yes I know what is in my care plan, it was discussed with me and I looked at it the other day and everything was fine." People also read what staff recorded at each visit, "Yes I do read what the care staff write, it's usually everything they have done while they were here."

People's personal preferences had been discussed with them during the initial assessment and reviews of their care. They told us staff understood their needs and knew how to meet them. For example, people said, "Staff are great, they know what I need," and, "Yes they understand my preferences, the night staff get my breakfast ready for me as I am an early riser. I only have cereal so they put this out for me."

We reviewed four people's care records kept in the office. All contained an assessment of needs and a care plan that included how any identified risks were to be managed. Plans took into account people's health conditions and disabilities, for example people's mobility. Plans were focused on the person, their choices, likes and preferences. They included how people liked their care provided and some life history so staff knew a little about the person and could use this to start conversations. Staff told us care plans were up to date and easy to follow. Plans we looked at had been reviewed and updated when people's needs had changed.

Some people we visited and whose care plans we reviewed required assistance to move around. People told us staff checked their skin and applied cream if prescribed to make sure it remained in good condition. For example, "They always check the skin on my bottom, and ask me if it's getting sore. They put cream on to prevent this," and, "When I came out of hospital I had a sore on my heel and bottom. The district nurse came and staff checked and put cream on. It has healed up now."

However, we noted skin checks were not included in the care plans we viewed or in the corresponding daily records completed by staff. The managers told us they had already identified this through care plan audits. They had provided a briefing for staff about completing skin checks and recording checks in daily records. The managers were also making sure this was included in care plans as they were reviewed.

Following our visits to people on 3 July 2018 we discussed concerns raised by two people with the manager. The manager said they would look into these and visit the people concerned. When we visited on 5 July 2018 the manager had been responsive and proactive. They had visited both people, reviewed and updated

their care plans, and made referrals to social services for additional support hours.

People had access to a call alarm system, so they could get urgent assistance from staff between scheduled call times if they needed. People confirmed staff responded to call bells. They told us, "They [staff] do respond when I press the call bell. I've only had to call a couple of times but they were really quick getting here," and, "I wear a call alarm, I pressed it last week as I lost my balance, they came within minutes."

People were able to express their views and be involved in making decisions about their care and support. This was through regular reviews of their care and monthly 'customer' meetings. Most of the people we visited said they attended the monthly meeting which, they said, kept them informed about things happening within the scheme, including up and coming events.

The providers complaints procedure was displayed in the reception. An easy read version was available for people if needed. Staff knew how to support people if they wanted to complain or raise a concern. One told us, "I would sit and talk to the customer [person] to make sure I understood their concern, I would document everything and tell management so it could be sorted." They added, "I would never ignore a complaint." Staff were confident the manager would address people's complaints because they said, 'total customer satisfaction' was a priority for the service.

At the time of our visit, records showed the service had received four complaints, during 2018. We saw these had been recorded and responded to in a timely manner in line with the provider's complaint policy and procedure. The manager, and provider monitored complaints for trends or patterns, there had been no trends identified from concerns received.

The managers and staff had received several compliments from people who used the service and their family and friends. A recent response to the manager read; "Thank you for your very prompt and caring response...I think Midland Heart has now got it right putting you at Poppy Court. We really need you."

There was nobody using the service in receipt of end of life care. However, people's wishes regarding this were recorded in care plans. One staff member said, "Anything to do with customers [people's] wishes are in the care plan. Like DNAR (do not attempt resuscitation), any information about pre-paid funerals or if family hold the details." Each care plan had a section called 'in the event of' which included arrangements for funerals if people wanted to discuss this.

The Accessible Information Standard (AIS) is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We looked to see how this standard was being met. The manager understood the requirements and told us the information was available in other formats if people required this. They also told us, "The provider has a dedicated communication team who can arrange for documents in different languages and interpreters if needed." We saw some care plans had been made available to people in larger print so it was easier to read.

Information about the service was available and accessible to people. People were provided with a home folder that contained information about the service and how it operates. Information provided to people also included the contact details for raising a safeguarding concern and to make a complaint.

Is the service well-led?

Our findings

At the last inspection we rated 'well led' as Requires Improvement. This was because we found a breach in the regulations, and that improvements were required in several key areas of the service. This included the providers quality assurance processes that had not been consistently implemented. The provider submitted an action plan and told us what they would do to improve the service. At this inspection we found the required improvements had been made and we rated well led as Good.

We found the following improvements had been made since the last inspection. The service had enough staff without having to use agency staff which had improved continuity for people living at Poppy Court. Medication procedures had been reviewed and procedures for auditing medication records increased which had reduced errors. Care plans and risk assessments had been reviewed and updated so staff had accurate information about people's needs. Staff training had been refreshed and was now up to date. Procedures for checking staff knowledge had been implemented and processes for monitoring the providers quality assurance procedures had been strengthened.

Since the last inspection the previous registered manager had left the service. The providers area manager, registered with us on an interim basis until another manager had been recruited. At the time of this inspection a new manager had been employed and had been in post for five weeks. They were in the process of applying to register with us. The management team consisted of the registered manager (who was also the providers area manager) a manager, and team leaders.

The managers understood the responsibilities and the requirements of their registration. For example, they understood what statutory notifications were required to be sent to us, they had completed their provider information return when requested and the rating from our last inspection were displayed in the service.

The manager told us they had received a good induction into the service and had been very well supported by the provider. They told us, "The support I have had in the past five weeks has been amazing. I have a mentor, who is a registered manager from another scheme. Both [area manager] and [mentor] have been very supportive and provided me with guidance about the provider's policies and the registered manager role.

The area manager, team leader and staff all spoke positively about the new manager. The area manager told us they had been impressed with how the new manager had settled into their role and how quickly they had begun to make improvements. The team leader told us, "[Manager] is brilliant, really supportive and has changed things. She is full of ideas about improving the service and is available for discussion at any time."

Staff also said management of the service had improved. Comments from staff included, "Management was a problem because we had so many and everyone changed things, you couldn't keep up. But now we have a new manager who is, keen, calm and has the knowledge to take us back up," and, "[Manager] has not been here long. But you know when you get a good feel about somebody. Her door is always open. I have witnessed other staff just going in to have a chat or speak about a concern. It's refreshing." Another said,

"[Team leader] is very supportive and approachable."

All the staff we spoke with said communication had improved. Staff told us, "Previously, communication was really poor. That meant there was lots of gossip. Now it is so much better. Information is shared," and, "This manager actually comes and talks to us in the staff room. I think that is really great. She explains things so you understand." The manager told us, "It's about me being available to them [staff]. Not them having to come to find me." They went on to say, "The manager's office is upstairs but I prefer to be on the ground floor so I am easily accessible to people and can see what is going on. I like to keep my ears to the ground."

Staff we spoke with said the service had improved. We were told, "The atmosphere has changed. Now we have clear guideline. We know what she [manager] expects. She has been very clear about our role and responsibilities." Another said, "Since [manager] came there is lots more laughter. We have lots more good days. They say smile and everyone smiles with you. If we [staff] are feeling good about work then everyone [people] feels good. It's great."

The provider had values and behaviour procedures to monitor staff performance. These were discussed in individual supervision meetings with staff. Team leaders had designated staff who they were responsible for supervising and monitoring their development. The manager told us they ensured team leaders carried out their role, "Team leaders are responsible for completing staff competencies for staff they supervise. I monitor the staff competencies they have completed to ensure a consistent standard is maintained."

As part of the quality checks the manager had implemented checks on staff learning. For example, they had introduced a 'quiz' during staff meetings, for different topics such as medicines. The manager told us, "We also do 'toolbox talks' to brief staff in any areas of their role and remind them about the policy and procedure. We have recently done a talk on tissue viability and using needles and sharps." Staff signed to say they had received the 'tool box talk' and understood the policy and procedure. The provider monitored that 'tool box' talks were taking place in the service.

Staff told us they had regular team meetings with the management team. Staff said these meetings gave them the opportunity to discuss any issues of concern and ideas for improvement. One staff member said, "Meetings are now really good. We are encouraged to speak out and we feel our point of view is listened too."

Staff said they felt valued and enjoyed working at Poppy Court. One told us, "We are valued. Our opinion is listened too. The manager is very open and is willing to consider any options or ideas we put forward. You feel able to approach her and feel supported." The manager gave positive feedback about the staff team. "The staff are spot on. They have a good skill base and are compassionate and caring. They know the customers like the back of their hand and are very good at being responsive to people's needs."

The provider operated an 'on call system' so staff had access to a member of the management team outside normal office hours. One staff member described the on-call system as 'good'. They told us, "if you have a question or need advice they are there to help and will come out if needed."

People who lived at Poppy Court were complimentary about the service they received. Comments included, "I would definitely recommend Poppy Court to others I am very happy here." "It is much better than I expected it's a wonderful place," and, "I love it here, really love it."

People told us they had regular 'customer' meetings where they could raise any views and opinions. Comments from people were, "We have customer meetings every month. They are very informative, you can

share any queries or moans and groans. They do let you know the next month what's been done about it," and, "You can say what you like at the meetings, you can suggest things and they do listen to you."

People also said the provider sent surveys to find out their views. One person told us, "We do get questionnaires to find out if we are satisfied with everything, and they send the results."

We asked people if any improvements could be made to their care and support. They said no. One person commented, "Nothing, it works well for me, I have my own flat so it's not like being in a care home." Another said, "I am quite happy with everything. Anything I have asked for they have done."

The management team made regular checks of the quality of the service. For example, checks were made on people's daily records to make sure the care they received matched their care plans. Medicine administration records (MARs) were checked to ensure they had been completed accurately and medicines had been given as prescribed. The managers and the provider completed a range of other checks and audits to make sure they continued to learn and make improvements to the service. For example, incidents, accidents and complaints were monitored for any trends and patterns and for any learning from events. There had been no trends identified.

The provider had completed several quality audits since our last inspection in June 2017 which the managers used as an improvement plan. Copies of the audits and the improvement plan were made available to us. These showed there had been continued improvement of the service since our last inspection with areas audited achieving the provider's standard of good.

The managers worked in partnership with other professionals such as district nurses, GPs, Occupational therapist. The manager told us in the short time they had been managing the service they had made links with the local authority brokerage team and had developed positive working relationships. They said, "We discuss new packages and I get support if needed to access social workers or to answer any questions."