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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

Poplars is a residential home which provides care and accommodation for up to six adults with learning difficulties including autism. The home is a detached house located in Horley. On the day of our inspection six people were living in the home.

People had varied communication needs and abilities. Some people were able to express themselves verbally; others used body language to communicate their needs. Some of the people's behaviour presented challenges and was responded to with one to one support from staff.

This inspection took place on 16 and 21 December 2015 and was unannounced. the inspection was carried over to a second day as we were unable to complete on the first day as people had their Christmas Party.

The home 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 and associated Regulations about how the service is run.

Staff had written information about risks to people and how to manage these. We found the registered manager considered additional risks to people in relation to community activities and changes had been reflected in people's support plans.

Staff had received training in safeguarding adults and were able to evidence to us they knew the procedures to follow should they have any concerns. One staff member said they would report any concerns to the registered manager. They knew of types of abuse and where to find contact numbers for the local safeguarding team if they needed to raise concerns.

Care was provided to people by a sufficient number of staff who were appropriately trained. Staff were seen to support people to keep them safe. People did not have to wait to be assisted.

People who displayed behaviour that challenged others had shown a reduction of incidents since being at the home.

Processes were in place in relation to the correct storage of medicine. All of the medicines were administered and disposed of in a safe way. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff were heard to ask people for their permission before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People were provided with homemade, freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. We were told by the registered manager that people could go out for lunch if they wished.

People were treated with kindness, compassion and respect. Staff took time to speak with the people who they supported. We observed positive interactions and it was evident people enjoyed talking to staff. People were able to see their friends and families as they wanted and there were no restrictions on when people could visit the home.

People were at the heart of the service and took part in a wide range of community activities on a daily basis; for example trips to the shops, and attending college. The choice of activities was specific and innovative to each person and had been identified through the assessment process and the regular house meetings held.

People had an individual support plan detailing the support they needed and how they wanted this to be provided. We read in the support plans that staff ensured people had access to healthcare professionals when they needed. For example, the doctor, learning disablement team or the optician. People's care had been planned and this was regularly reviewed with their or their relative's involvement.

It was clear from our observations that the registered manager and knew people very well and that people looked at them as a person of trust. Staff felt valued and inspired under the leadership of the management. The registered manager had a robust system of auditing processes in place to regularly assess and monitor the quality of the service or manage risks to people in carrying out the regulated activity. The registered manager had assessed incidents and accidents, staff recruitment practices, care and support documentation, medicines and decided if any actions were required to make sure improvements to practice were made.The registered manager kept up to date with any changes in legislation that may affect the home, and participated in monthly forums with other registered managers from other services where good practice was discussed.

The registered manager notified the Care Quality Commission of any significant events that affected people or the service and promoted a good relationship with stakeholders. Complaint procedures were up to date and people and relatives told us they would know how to make a complaint. Confidential and procedural documents were stored safely and updated in a timely manner.

Staff were aware of the home's contingency plan if events occurred that stopped the service running. They explained actions they would take in any event to keep people safe.

People's views were obtained by holding residents meetings and sending out an annual satisfaction survey which staff supported people to complete using different methods of communication.

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the safeguarding adult's procedures.

Medicines were managed safely, and people were supported to take their medicines themselves.

The provider ensured there were enough staff on duty to meet the needs of people.

Staff were recruited safely and appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Written plans were in place to manage risks to people. There were processes for recording accidents and incidents.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of, and followed, the requirements of the Mental Capacity Act 2005 and promoted choice throughout peoples lives.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were offered a choice of food that met their likes and preferences.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People told us they were well cared for. We observed caring staff that treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families were included in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care was personalised to reflect their wishes and what was important to them. Support plans and risk assessments were reviewed and updated when needs changed.

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community which reduced the risk of people being socially isolated.

People felt there were regular opportunities to give feedback about the service.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

There was an open and positive culture which focussed on people. The management welcomed and acted on people's and staff's suggestions for improvement.

The registered manager had a robust system in place to monitor the quality of the service provided and as a result continual improvements had been made.

Staff were supported by the management team. There was open communication within the staff team and staff felt comfortable discussing any concerns.

Poplars

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 21 December 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we reviewed all the information we held about the provider. We contacted the local authority commissioning and safeguarding team to ask them for their views on the service and if they had any concerns. We also reviewed information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. The provider had been sent a Provider Information Return (PIR) before the inspection, the PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We observed care and support in communal areas and looked around the home, which included people's bedrooms, the main lounge and dining area. We spoke with two people, three members of staff and the registered manager.

We reviewed a variety of documents which included four people's support plans, medicine records, four weeks of duty rotas, maintenance records, all health and safety records, menus and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

Poplars was last inspected in January 2014 where no areas of concern had been identified.

Good

Is the service safe?

Our findings

People told us they felt safe and did not have any concerns. One person said, "It's my home, I get on with everyone, I feel safe."

Staff had a good understanding of what constituted abuse and the correct procedures to follow should abuse be identified. For example, one member of staff explained the different types of abuse and what the local authority safeguard protocols were. They said, "I would report anything to the registered manager." The registered manager showed us the safeguarding policy which was in place and staff had signed to show they had read and understood their responsibilities. The home reported incidents to the local safeguarding team appropriately.

Staff had individualised and personalised guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Behaviour management plans had been developed with input from specialist professionals, such as behaviour therapists. We observed staff interactions with people during the day. Staff followed guidance as described in the people's support plans. We observed the registered manager supporting someone who was becoming excited about the Christmas party. We saw the registered manager was able to calm the person and provide appropriate reassurance.

There was a transparent and open culture that encouraged creative thinking in relation to people's safety. People's choices on how they lived their lives were the first priority and the registered manager and staff would ensure that people were able to achieve this. Assessments of the risks to people's safety in relation to life choices they had made had been developed while ensuring that people remained as independent as possible and had a meaningful and fulfilling life. For example, people had been abled and supported to undertake voluntary work placements at the British Heart foundation. Another person had a paid job with a local superstore. The risks of undertaking these activities such as transport, potential discrimination had nbeen assessed as needed.

Support plans contained risk assessments in relation to people who required one to one supervision, as well as individual risks such as walking to the shops, accessing community transport and nutrition. Staff told us they had signed the risk assessments and had read and understood the risks to each person. They were able to describe individual risks to people, their behaviours and how to address these. People who were able to had signed their risk assessments and understood what they were for. One person experienced epilepsy and the risk assessments and guidance for staff on how to support the person throughout this time and afterwards were in place.

There were safe procedures in place for the administration and storage of prescribed medicines. The registered manager said that they encouraged people to be as independent as possible with their medicines. We looked at medication administration records (MAR) and confirmed this had happened. People who were on as required medicines had protocols in place which we saw staff had followed. Staff and people administered the medicine collaboratively as directed and this showed us that people had

received their medicines as prescribed and that staff managed medicines safely and appropriately. We observed staff administering medicines safely and in a dignified manner. Staff had training in the administration of medicines and their competencies were assessed. The home was supported by the local pharmacy in providing the training programme. The GP and pharmacy had worked with the home in developing a homely remedies policy that met individual people's needs. For e xample people who might have the need for pain relief on occasions.

We observed enough staff during the day and people did not have to wait. Staff supported people on a one to one basis. The supporting registered manager told us that staffing levels were determined based on people's needs. Dependency levels were assessed and staffing allocated according to their individual needs. For example, one person received one to one support and supervision. We were told that extra staff employed by the provider would be used if necessary. Staff told us they felt there were enough staff to meet people's needs.

Staff recruitment records contained information to show us the provider took the necessary steps to ensure they employed staff who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

The management had systems in place for continually reviewing incidents and accidents that happened within the home and had identified any necessary action that needed to be taken. We were told that any incidents of behaviour that challenged others were referred to the autism behaviour specialist employed by the provider for support in managing behaviours and identifying triggers that may have caused the incidents. The behaviour specialist said that if triggers were identified and actions implemented it would reduce the risk to people of incidents happening again. Foe example one person became very anxious if other people were in the kitchen when they wanted to prepare a meal. Behaviour plans had been drawn up that enabled the person to continue to be independent and to protect other people from risky situations.

The registered manager told us the home had an emergency plan in place should events stop the running of the service. They explained that the provider owned the property directly behind and that should the need arise people would be taken there. Staff confirmed to us what they were to do in an emergency.

Good

Is the service effective?

Our findings

Staff ensured people's needs and preferences regarding their care and support were met. Staff were knowledgeable about the people they supported and understood their life choices. One staff member told us about how people preferred to be supported with personal care at different times of the day. They describe to us people abilities and strengths.

People were encouraged and supported to be involved in the planning and preparation of their meals. We saw that food choices were displayed in the kitchen. People were asked each weekend their choices for the following week and this was recorded in a book. People who were unable to communicate verbally were supported to make their choice by using picture cards. Lunch was cooked by the staff as people were out of the house taking part in activities but everyone was involved in preparing the evening meal. One person made his own lunch on a daily basis, and was supported by staff to do this. Another person said, "We can eat what we want, there are no restrictions."

People's weight was monitored on a monthly basis and each person had a nutritional profile which included the person's food allergies, likes, dislikes and particular dietary needs. There was no one at Poplars who had specialist dietary requirements.

The registered manager said that food and nutrition plans were supported by the providers diet and nutrition advisor who would come to each home and sit with people individually to discuss their dietary needs. We saw notes from the advisor in people support plans that stated, 'talked about menu's and meeting needs.'

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
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 were being met. The provider had complied with the requirements of the MCA. Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed. Where people did not have capacity, relatives with a Power of Attorney confirmed they were consulted by staff and involved in making decisions for their family member.

Mental capacity assessments had been undertaken for everyone and included assessments for the decision on people's annual flu jab and consent to care. We saw in people's support plans clear evidence of how choices were made; for example for dental surgery that required a general anaesthetic. The documents contained records of the best interest meeting held and those people who were involved such as the person, the family and the social worker. The best interest checklist described how one person was unable to read

and write and stated that, 'they are to be supported to understand the decision that needs to be made through using photos and visual prompts.' This meant that the registered manager had obtained or acted in accordance with the consent of people, and had completed documentation for establishing and acting in accordance with the best interests of people. We saw staff throughout the day offer people choices of what to eat, and if they would like to go out and where they would like to go.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

Staff received training which included how to support people at risk of causing harm themselves or others in a safe manner. Staff had access to a range of other training which included positive behaviour support, MCA, DoLS and manual handling. Staff were up to date with their training and were assessed for competency by the registered manager in certain topics such as administration of medicines. They were observed undertaking care practices to ensure that the dignity and respect of people was upheld. This meant staff developed essential skills to provide the appropriate support in a positive and constructive way.

Management supported staff to review the appropriate induction and training and their personal and professional development needs. Staff induction consisted of the recommended Skills for Care induction (Skills for Care is the employer-led workforce development body for adult social care in England.). The management held regular supervision sessions and annual appraisals with staff which looked at their individual training and development needs. One staff member told us they had received a good induction when they first started working at the home and that training had been ongoing. They said, "The training here is excellent."

Support plans contained up to date guidance from visiting professionals and evidence that people had access to other health care professionals such as GP's, psychiatrist, specialist support and development teams and chiropodists. This showed us that the staff had up to date information of the specific conditions people experienced and were always seeking to improve the person's care, treatment and support they provided by implementing best practice. We spoke to one healthcare professional who said that staff supported people's needs in a timely way.

Good

Is the service caring?

Our findings

One person told us, "I really like the staff, they help me." Relatives spoke in a consistently positive way about the care their loved ones received. One relative said "There isn't a better place, it's outstanding."

People looked relaxed and comfortable with the care being provided and the support received from staff. One person was heard talking to staff throughout the day seeking advice and support. We heard staff reply cheerfully and with kindness to their requests. the staff member told us "I'd go the extra mile for the people who live here."

We spent time in communal areas and observed staff interaction with people. We saw companionable, relaxed relationships were evident during the day. Staff were attentive, caring and supportive towards people. Staff were able to describe to us each person's needs and it was clear from our understanding that staff new people really well. The registered manager said people were encouraged to be as independent as possible. For example, clean their room, do their own washing, help prepare meals and attend college and to lead as an enabling life as possible. People who wanted to planned and did their own shopping for things they wanted, liked and needed.

Staff had an in depth knowledge of people's individual and often complex communication needs, abilities and preferences. One person had very set routines due to the nature of their Autism and staff had provided them with a list of staff on duty each day so the person was able to choose who they wanted to support them. Another person asked if they could have a timetable in their room. This person said this had helped them get less anxious about, "What the day holds."

Each person had an assessment called DIS DAT (disability distress assessment tool) issued to help identify distress cues in people who, because of cognitive impairment or physical illness, had severely limited communication and could not tell staff if they were anxious, distressed or in pain.

Staff knew they needed to spend time with people to be caring and have concern for their wellbeing. The conversations between staff and people were spontaneous and relaxed. Staff understood the different ways in which people communicated and responded using their preferred communication method for example, Makaton. We observed staff communicating freely with Makaton. The registered manager explained that staff had received training in different forms of communication. One staff explained to us that one person had limited speech and only able to say, 'yes' and 'no'. Staff explained that it was important to keep sentences short and allow time for the person to understand the question. They said, "You have to give people time." We saw the staff chat to this person in the way they described. Another staff told us how they understood the facial expressions of a person and what to look for if they were in pain or anxious about something.

Staff told us they reviewed peoples' support plans regularly. They said they would involve the person in reviewing their care and ask for input from relatives. Support plans had been signed by either people or their relative. One person said they had seen their support plan and, "Had reviews regularly with staff." One

relative we spoke to said that they were regularly contacted by the home and invited to care review meetings which they attended. Support plans factored in a holistic approach to care including, physical, emotional and social and spiritual needs.

Staff gave good examples of how they would provide dignity and privacy. For example, by closing bathroom doors. We observed staff calling people by their preferred names and knocking on bedroom doors before entering. People were well dressed and clean. For example, with appropriate clothes that fitted and tidy hair which demonstrated staff had taken time to assist people with their personal care needs. One person said, "I am supported to do my own clothes shopping."

Information was available to people around the home. It covered areas such as local events, newsletters from the provider and which staff would be on shift. Information was presented using pictures and easy to understand text. For example, there were photographs of staff who were on shift so everyone could see who would be supporting them in their home. Information was all current and up to date, which ensured accurate and correct information was available for people.
People's rooms were personalised which made it individual to the person that lived there. One person offered to show us their room. They told us how they had chosen the colours and said, "It's my favourite colour."

People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services in the community so they could practice their faith. Relatives told us they were free to visit when they chose to.

Good

Is the service responsive?

Our findings

One person said they had been supported to undertake activities that they were interested in. One person was supported to go swimming and enjoyed going to the pub every Tuesday. Another person said, "I used to go to a table top baking group, but I did not like this so the staff supported me to change to a horticultural course."

Each person had a keyworker who sought the person's views and supported them when planning activities, holidays and opportunities to access the community. The staff showed an enabling culture. People who wanted to were supported by staff to write a list of shopping they needed on a weekly basis and go to the shops and purchase the items. People were supported to be part of the age of technology and some people were helped to use and develop skills in using mobile phones and computers.

Staff supported people to access the community which reduced the risk of people being socially isolated. Daily records recorded the care and support people had received and described how people spent their days. This included activities they had been involved in and any visitors they had received. People told us about the activities they had taken part in such as going to the day centre, bowling or on holiday. People told us that they went home at weekends to spend time with their family.

Records we viewed and discussions with the staff demonstrated a full assessment of people's needs had been carried out before people had moved into the service. Some people had lived with the provider for many years. As a result the staff and other people knew each other extremely well and were able to provide care that was personcentred, and supported friendships that had developed between people.

People's care and support was planned proactively and in partnership with them. Staff used innovative and individual ways of involving people so that they felt consulted, empowered, listened to and valued. Support plans comprised of various sections which recorded people's choices, needs and preferences in areas such as nutrition, healthcare and social activities. We saw each area had been reviewed at regular intervals. Staff said they used various different communication methods for this such as photos and PECS (picture exchange communication). People who were able to, told us they had been involved in reviewing their plan of care.

People were at the heart of the service. Staff spent time chatting with each person and responding to their need for companionship. People and their relatives had been asked about their personal histories and any interests or hobbies and efforts were made to support people to continue with these. For example, one person's favourite show was Thunderbirds and they were supported to use the internet freely to watch past and new episodes.

Staff ensured that people's preferences about their care were met. One staff member told us there was always a handover and the first thing they did was to read the communications book. They had written daily notes about people and would highlight any changes to the needs of the person to the registered manager so that the care plan could be updated for accuracy. People's health passports were regularly updated. A

health passport is a useful way of documenting essential information about an individual's communication and support needs should they need to go into hospital.

People's feedback was valued and people felt that the responses to matters they raised were dealt with in an open, transparent and honest way. The provider held a client voice group in which a representative person from each of the provider's service's attended. They would discuss all types of things from activities, accommodation to food and then feed back to head office.

People were actively encouraged to give their views and raise concerns or complaints. The service saw concerns and complaints as part of driving improvement. People knew how to complain if they needed to. There was an easy read complaints procedure for people to use. There had been no formal complaints received in the last 12 months. The supporting registered manager showed us the complaints policy and explained how they would deal with a complaint if one arose. They told us they would ensure the outcome of the complaint was fed back to the person concerned and actions implemented if necessary.

The registered manager showed us satisfaction questionnaires that people had completed all of which showed positive comments. They explained to us that the care staff had supported people individually to fill them in. Relatives and external professionals were also being sent questionnaires for their views on how the service runs and any improvements that might be needed. Overall the comments were positive; one comment received said 'Your houses are a pleasure to work with, and are valued loyal clients involved seem to enjoy trampolining & find it very rewarding. I would also like to recognise the progress that a client has made, including making up a new move, which we named after name after them. I also think this form is a great idea & hope you wouldn't object to us doing a similar kind of thing in the future.

Good

Is the service well-led?

Our findings

The registered manager said that they, "Help keep people happy, safe and well and support people to meet their social goals." Staff said management was approachable. People said that they liked the registered manager. We observed people approach the supporting registered manager with openness and in a friendly manner.

People were able to make suggestions for improvements. People had asked if they could look at the possibility of work placements and the provider had approached some local companies about this.

There was an open and positive culture within the service which focussed on people. Staff expressed their confidence in being able to approach the management. They felt they would be taken seriously by the new registered manager. Staff told us they had been supported through their employment and were guided and enabled to fulfil their roles and responsibilities in a safe and effective manner.

The registered manager said that they were, "Proud of keeping a consistent staff team." Staff told us they had staff meetings regularly and supervisions and could always request extra meetings if they wanted to talk about anything. The staff showed us the communication books were used regularly as a daily method of sustaining continuity of care. For example, noting how people were feeling or following up on doctors' appointments.

The provider had arranged an employee's voice group which allowed 360 degrees feedback. This enabled staff to discuss and ensure they followed best practice. One of the issues discussed was whether to join the Social Care Commitment.This is the adult social care sector's promise to provide people who need care and support with high quality services.
The registered manager carried out a robust audit process to ensure the good quality of the service and drive improvements in best practice. This included checks of support plans, all aspects of the environment, fire safety and the minibus. To enhance and update their knowledge and service delivery, the management researched and reviewed varied publications and websites that specialised in providing guidance and advice to improve health and social care. Guidance and advice were followed in practice when they were appropriate to people's needs.

All the policies we saw were appropriate for the type of service, reviewed annually, were up to date with legislation and fully accessible to staff. The staff knew where they could seek further guidance and how to put the procedures into practice when they provided care.

The registered manager had ensured that appropriate and timely notifications had been submitted to CQC when required and that all care records were kept securely throughout the home.