

## New Directions (Rugby) Limited

# Poppy Place

### Inspection report

1-3 Alfred Street  
Rugby  
Warwickshire  
CV21 2EL

Tel: 01788573318  
Website: [www.newdirectionsrugby.org.uk](http://www.newdirectionsrugby.org.uk)

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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

The inspection took place on 5 and 7 December 2016 and the first day was unannounced. The service was first registered with us on 22 January 2016. This was their first inspection to determine if the home was meeting the required standards.

The registered manager had been in post at the service since it opened in January 2016. 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.

The service provides accommodation and personal care, for up to seven adults. They specialise in care for people who may have dementia, learning disabilities or autistic spectrum disorder, mental health needs, physical disabilities or sensory impairments. Seven people were living at the home at the time of our inspection. The home was new and had been purpose built by the provider.

Care was person centred and was planned to meet people's individual needs, abilities and preferences to improve the quality of their lives. Health professionals commented on the high standard of care provided. People were supported to participate in activities that were meaningful to them. People were encouraged to be involved in planning how they were cared for and supported. Staff used different methods to obtain feedback from people, which were tailored to meet people's individual needs.

People told us they felt safe using the service and staff understood how to protect people from abuse. There were processes to minimise risks associated with people's care to keep them safe. This included the completion of risk assessments to identify and manage risks to people's health and well-being and checks on staff to ensure their suitability to work with people who lived at the home. People's medicines were managed and administered safely.

There were enough suitably trained staff to deliver care and support to people. Staff received an induction to the home and a programme of training to support them in meeting people's needs effectively. Staff were encouraged to develop their skills and knowledge to help improve people's experience of care.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People who were assessed as not having the capacity had families, legal representatives and healthcare professionals involved in their care so that decisions could be made in their best interests. Staff ensured people received good nutrition and hydration. People received ongoing healthcare support from a range of external healthcare professionals.

People told us staff were kind and caring and had the right skills and experience to provide the care and support they required. Staff treated people in a way that respected their dignity and promoted their

independence. People knew how to complain and were able to share their views and opinions about the service they received.

Staff felt supported and there was good communication between people. People were encouraged to share ideas to make improvements to the service. There were checks in place to ensure good standards of care were maintained.

## 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 were kept safe because risks to people's individual health and wellbeing were identified and staff followed support plans to minimise these risks. There were sufficient numbers of suitably skilled staff to meet people's individual needs and staff were trained to protect people from the potential risk of abuse. The registered manager checked staff's suitability for their role before they started working at the home. Medicines were administered and managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff to experience good health and a high quality of life in a purpose built home which met people's needs. Training was planned to support staff development and to meet people's care and support needs. Staff received training which was tailored to meet their different learning styles. Where people lacked capacity, the Mental Capacity Act 2005 had been followed so people's legal rights were protected. Staff ensured people received good nutrition and hydration. People received ongoing healthcare support from a range of external healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

There was a welcoming, friendly atmosphere in the home and staff provided a level of care that ensured people had a good quality of life. Staff demonstrated they cared through their attitude and engagement with people. People were valued and staff understood the need to respect their individual wishes and maintain their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

Staff had an excellent understanding of people's individual needs, preferences and how they liked to spend their day. People had fulfilling lives because they were engaged in activities that were meaningful to them. People were involved in planning how they were cared for and supported. Staff used different methods to obtain feedback from people. People were able to share their views about the service and told us they felt any complaints would be listened to and resolved to their satisfaction.

**Is the service well-led?**

**Good** ●

The service was well-led.

People were very happy with the service and felt able to speak with the registered manager if they needed to. Staff told us they felt supported and there was good communication between people. Staff were encouraged to share ideas to make improvements to the service. There were checks in place to ensure good standards of care were maintained.

# Poppy Place

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 5 and 7 December 2016 and the first day was unannounced. The inspection was conducted by one inspector.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

During our visit we spoke with three people who lived at the home, one relative and two health professionals. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors. We also spoke with the registered manager, the deputy manager, and four care staff. Following our inspection visit we spoke with two relatives.

Many of the people who lived at the home were happy to talk with us about their daily lives, but they were not able to tell us in detail about their support plans, this was because of their complex needs. However, we observed how care and support were delivered in the communal areas and reviewed three people's support plans and daily records to see how their care and treatment was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe at the home. A relative told us, "I have no concerns at all...I have full confidence in them [staff]. [Name] is well looked after." People told us who they would go to if they felt worried about something. We saw people were relaxed with staff and approached them with confidence, which showed they trusted them. People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior person. A member of staff told us, "I'd report any concerns to the manager here and then go to the safeguarding team [local authority]." They showed us the local authority's contact telephone number in their staff office. They explained how they could identify signs if people felt unsafe and said, "We know people well and tend to know if there is an issue. We sit down quietly and ask them to have a chat and a cup of tea and hope they open up to us." Records showed concerns had been appropriately recorded and reported and action was taken by the registered manager to keep people safe.

Incidents were recorded and actions were taken to protect people and keep them safe. We found records made of incidents were detailed and included the actions taken as a result of any incident, for example referral to another agency such as the local authority. Staff were able to explain how referrals of serious incidents, were made to the local authority. The registered manager explained how they assessed risks to people by monitoring any incidents which took place and reviewing the information to identify any patterns.

There was a procedure for staff to follow to identify and manage risks associated with people's care. One member of staff told us, "People's key workers write risk assessments with the help of other staff. As a key worker I ask colleagues for ideas about risks that may happen, it is common sense. The idea is to try and make the risk as small as possible." A key worker is a member of staff who is allocated to support a person on an individual basis. A health care professional gave us positive feedback about the quality of risk assessments staff had written to explain how to support one person with their behaviour and to reduce the risk of them harming themselves or other people. People reviewed risks to their safety regularly with their keyworkers.

Staff knew about individual risks to people's health and wellbeing and how these were managed. They took a positive approach to risk management and supported people as far as possible to do the things they chose to do. For example a member of staff explained how they supported one person whose needs had recently changed, to continue to make hot drinks safely. They told us, "[Name] used to make their own tea, they are now unsteady, so we bought a one fill kettle so they use that and we support them." We saw staff supported this person to make a hot drink. They used a specialised kettle which only provided enough hot water for one drink, which reduced the risk of scalding. We found the person was protected, but at the same time their freedom was respected because they chose to make the drink. We found their support plans reflected the care they received and risks to their safety were fully evaluated.

We saw there were sufficient staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. The deputy manager explained how they ensured there were always

enough staff to meet people's care needs and support them with their preferred routines. They explained one person's needs had recently increased, so their care had been reviewed and additional funding had been obtained which allowed more staff to support this person.

The registered manager carried out recruitment checks to make sure staff were suitable to support people safely before they began working in the service. Records showed the provider's recruitment procedures included obtaining references from previous employers and checking staff's identities with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

Staff administered medicines to people safely and as prescribed. People told us they had their medicines when they needed them. One person told us, "I take lots of tablets. We have boxes in our own rooms to lock medicines away." Staff had received training to administer medicines safely which included regular checks of their competence. The deputy manager explained how new staff were trained in medicine administration. They told us, "A senior member of staff observes new staff so they get used to the process. We go through a checklist to see staff are confident." Staff recorded when medicines had been taken and they signed a medicine administration record (MAR) sheet to confirm this on people's records. Completed MARs were checked by senior staff for accuracy. Staff knew what action to take to protect people if there was a medicine error. The deputy manager told us there had been three medicine errors in the last 12 months, where there had been gaps in recording on MAR sheets. These gaps had been investigated by the registered manager and details of investigations had been forwarded to the provider's board of trustees for their knowledge and independent review. Following the board's review, staff had received additional support to ensure that any future risks were minimised. We found that the temperature in the medicine room was not being monitored. Some medicines are required to be stored within a specific temperature range to ensure they remain effective. We discussed this issue with the registered manager who told they would ensure the temperature of the room was measured in future to ensure medicines were stored safely.



## Is the service effective?

### Our findings

People told us staff had the skills they needed to support them effectively. One relative told us, "Staff are excellent." Training was planned to support staff development and to meet people's care and support needs. This included training such as moving and handling, safeguarding adults, fire awareness and first aid. Different methods of training were provided which suited different ways of learning. The registered manager told us, "We provide classroom based training and staff have the choice of e learning or knowledge books and they choose which they prefer." A member of staff told us, "I choose to do training by the book and then do a knowledge test... I like to do it that way because it stays with me and I understand it." Staff were positive about training, they told us it was readily available and they felt supported by their manager to access it. One member of staff told us, "I've worked here for several years and the training they give us is second to none." They further explained they had a first aid refresher course and it gave them the confidence to deal with an incident outside of work.

Training was also provided to support staff in meeting people's specific needs, such as promoting positive behaviour, dementia and epilepsy. The deputy manager told us training was due to be provided by a health professional, to talk with staff about how to manage one person's health needs better. This was to help further develop staff's knowledge and improve how they met the person's specific needs.

New staff received an induction to the home when they first started work. This included working alongside more experienced staff so they could get to know the individual needs of people. The deputy manager told us, "We like to think there's always support for staff so they can ask anyone if they have a query." Induction training included the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This demonstrated the provider was acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff told us they felt supported by the provider and the registered manager to develop their skills to help them provide more effective care to people. Staff were encouraged to develop within their roles and study for nationally recognised care qualifications. For example, the deputy manager was studying for a level 5 diploma in leadership and management in social health care to support them in their managerial role and to help ensure people received effective care.

Staff told us they had supervision meetings. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. The deputy manager told us they used supervision to focus on staff development. They said, "We discuss staffs unique skills and ask them 'What have you done that's really good?' I can give them positive feedback, for example, if they've supported someone well."

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. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. The registered manager demonstrated they understood their responsibility to comply with the requirements of the Act. They told us no one currently had a DoLS order however people were reviewed regularly to identify if they had potential restrictions on their liberty and they had made one DoLS application to the local authority which was being assessed. They told us, "Someone who people are familiar with does the mental capacity assessment, because people respond more openly to people they know." The registered manager told us most people who used the service had capacity to make decisions about how they lived their daily lives. However some people lacked the capacity to make certain complex decisions, for example how they managed their finances, but they all had an appropriate person, either a relative or independent advocate, who could support them to make these decisions in their best interest. An advocate acts on behalf of a person to obtain their views and support them to make a decision in their best interest.

Staff we spoke with understood the requirements of the MCA, they told us how decisions were made in people's best interests where required. For example, one person's health had declined and they required additional care and support, so staff involved family members and healthcare professionals to support the person to ensure decisions about changes to their care were made in their best interests. Records showed decisions were made in people's best interests, where they did not have capacity to make them. People such as family and health professionals were involved in supporting people to make decisions. Some people had legal representatives to support them. Where people had capacity to make decisions, we saw they were able to make choices, whilst staff ensured they remained safe.

People told us staff gained their consent before supporting them and relatives confirmed this. A relative said, "Staff are very careful when [Name] says 'no' to a wash, staff talk them round because they can be stubborn." Staff told us they knew they could only provide care and support to people who had given their consent. During our inspection visit, we observed staff asked for people's permission before supporting them.

People and their relatives told us the food in the home always looked appetising. One person told us, "We choose what's on the menu, they [staff] encourage us to eat healthily." A relative said, "Staff ask what people want and they choose. Staff rustle up things for people and they eat at different times depending on what they feel like." A member of staff told us, "We try to put on two choices, but people can have what they want on the day." This helped to ensure meal times were relaxed and flexible and people could choose what they wanted. The team leader told us they had a weekly conversation with people about what they would like on the menu for the following week. We saw there was a notice board outside the kitchen which people referred to for information about planned meals, it showed pictures of each days menu choices to help their understanding.

Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that met their needs. They explained some people had received advice from the Speech and Language Therapist [SALT] and the dietician and had special diets to follow to ensure they could enjoy their food and eat safely. We saw people had adapted cutlery and drinking vessels to help them eat and drink independently. Meal times were relaxed and people chose where they wanted to eat, at the dining table or elsewhere. People were supported by staff according to their needs and we noted the support provided was reflected accurately in their support plans. This helped to ensure there was a consistent approach to the support provided by staff. People were offered a choice of drinks and we

observed staff discussing with people why it was important for them to drink plenty when offering drinks. We saw people's dietary requirements, food preferences and any allergies were recorded in their care plans.

People's healthcare was monitored and where a need was identified, they were referred to the relevant healthcare professional. One person told us, "I'm going to hospital... my keyworker is coming with me. Staff come to appointments with me, which I like because they explain things to me." A healthcare professional we spoke with during our visit told us staff were observant, they said, "If they have any concerns they will contact us." A relative confirmed the healthcare professional's view and said, "There's no messing about, staff call out the medical people straight away." The deputy manager told us one person had extreme anxiety around food and sometimes chose not to eat. They explained how staff managed this risk, they said, "We offer [Name] high calorific drinks and we offer them meals before other people and get them to pick what they want." The person's relative was positive about how staff supported their family member. They told us, "[Name] is encouraged to eat and given choices. Sometimes they eat very little and staff monitor them well. [Name] is weighed regularly and referred to the dietician and the GP when needed."

Staff told us they had good working relationships with a range of health care professionals who supported people. The deputy manager explained they were in the process of arranging training for staff with a health professional, to meet people's specific needs around catheter care. Records showed that people were supported to attend routine health appointments to maintain their wellbeing such as a dentist and optician.

The home was relatively new and had been purpose built by the provider to create a safe and homely environment for people with complex health needs. Everyone we spoke with during the course of the inspection, gave us positive feedback about the quality of the environment. A health professional said, "The building is very modern and clean." A relative explained their family member had previously lived at one of the provider's other services, but their needs had increased as they grew older. They said the provider had built a new home to help meet people's changing needs. The design included adaptations, some of which were not currently in use, but would be available when required if people's needs changed in the future. For example, track hoists in each bedroom, wider stairs with a stair lift, wide corridors to make using specialist equipment to transfer people easier and a kitchen worktop where the height could be changed to enable people using wheelchairs to take part in food preparation more independently.

The layout of the home and garden encouraged people to spend time together if they wished. There was a garden area which was level with wide footpaths to enable people using wheelchairs easy access. People had been supported to choose decorations for the garden, especially where they could access the garden from their bedroom. There was a sensory area which included a water feature, lights for the evening, a wall mounted xylophone and raised plant beds. A volunteer from another of the providers' services visited weekly to help maintain the garden. Staff told us people enjoyed using the garden, especially when the weather was warm.

## Is the service caring?

### Our findings

People told us staff treated them with kindness. One person told us, "Staff are very caring." Two relatives said, "This is [Name]'s house, the staff are like family, I have every confidence in them" and "Staff are so good to them and very kind." Two health professionals we spoke with during our visit told us staff were very welcoming and friendly and the care was person centred. A member of staff told us, "Everything we do here is all for the people who live here." The atmosphere was homely, there were Christmas decorations in communal areas. People pointed to the Christmas tree and laughed and smiled because they were happy to see the decorations. Staff told us people were excited because it was their first Christmas living in their new home. They told us each person had been supported to put a decoration on the Christmas tree in the shape of their own initial. People told us how they had enjoyed decorating the tree. We saw people enjoyed baking seasonal ginger bread biscuits during our visit.

Staff were compassionate and supported people according to their individual needs. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. Staff knew people well and we observed them sharing jokes with people and enjoying each other's company. Staff moved to speak to people so they made eye contact on the same level. People did not hesitate to ask for support when they wanted it, which showed they were confident staff would respond in a positive way. A member of staff told us, "We make time for people to tell us if they're not happy, we encourage people to tell us about things, so they're not worried." Another member of staff explained how they communicated with people who had limited verbal communication. For example, they told us the provider had some policies written in large print with pictures, which they used to help people's understanding. People's preferred communication methods were recorded in their support plans.

People were free to spend time with others or on their own and they were able to use their bedrooms as they wanted. Staff sat with people and took time to interact with them on a one to one basis about things they were interested in. A member of staff explained people had key workers who they knew well and who they could discuss issues with on an individual basis and in a way they could understand. People knew who their keyworkers were when asked and told us they got on well with them. A relative told us, "[Name]'s keyworker transferred to the new service with [Name] for continuity and because they worked well with [Name]." The registered manager explained how some staff had worked for the provider for many years and had transferred with people from their previous home with the provider. They said, "Everyone has known each other for such a long time, service users and staff have a really good relationship. This is the key to consistency because we have developed such strong relationships."

Staff told us they were given opportunities for personal development within the service and said the senior staff were caring and this made them feel motivated in their role. One member of staff told us, "The staff are really good here...we are like a family."

Staff understood the importance of treating people with dignity and respect. A relative told us, "Staff always maintain [Name]'s dignity. Staff whisper to [Name] and [Name] has gone out to the toilet with them." Staff told us how they supported one person to maintain their independence and their dignity. Staff explained

how they had developed a monitoring system, considering the person's best interests, which also allowed them to be independent and enjoy personal time alone in their room. This system allowed staff to respond straight away if the person required support, otherwise they were able to enjoy time alone. This method of support had a positive effect on the person's well-being and had improved their quality of life.

## Is the service responsive?

### Our findings

People told us they were happy with the care and support staff provided. Two people told us, "They look after us, it's great here" and "I do things with help from the staff." Staff explained how they provided care to meet people's needs and ensure they had the best quality of life. The deputy manager gave an example of one person whose needs had changed recently due to a decline in their mobility which had happened before. They were waiting for treatment to improve their mobility. The deputy manager explained action they had taken to support the person until confirmation of treatment was received. They told us, "The GP said [Name] should keep mobile so they have the first floor bedroom. But we are putting things in place before their treatment and planning ahead with them. We looked at what happened before because [Name] was off their feet for so long before waiting for the treatment. We are learning from our previous experience." A stair lift had been installed in case the person's mobility declined further.

People's views about their care had been taken into consideration and included in support plans. One person told us, "We can look at our care plans whenever we want." One person's care was reviewed on the day of our inspection visit, to ensure their care and support needs were being met due to a recent change in their health. Staff asked the person if they wanted to take part in the discussion, but they declined. The review was held with the person's family representative, a staff member and a health professional who was involved in the person's care. Care plans were accurate and were reviewed regularly. The deputy manager told us they shared information where appropriate with other services, for example day services people attended. They said, "We review people's needs together and share information where we can, because people have different needs in different environments." This provided a more consistent approach to people's care and safety.

Support plans were personalised and included details of how staff could encourage people to maintain their independence and where possible, make their own choices. A relative told us, "[Name] chooses exactly what they want to do and staff support them to do it. I really have confidence in the staff." A member of staff told us, "We offer people choice. I work in a person centred way so I let people lead me." We found the support people received was reflected in their support plans. Both health professionals we spoke with during our inspection visit told us people's support plans were clear, accurate and focussed on people's needs. They told us staff followed their recommendations.

Support plans contained information about people's personal history and preferences. Staff told us they read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. A member of staff gave us an example and described how they supported one person who liked animals and sensory things. They explained how they helped the person to care for their pet fish. We noted the support the staff member said was provided for this person, matched the information in the person's support plans. A relative told us their family member loved to wear, "Sparkly jewellery" and we saw staff supported the person to do this on the day of our visit. We found everyone had support plans detailing their end of life care wishes. The deputy manager explained how people had been supported by their relatives and staff who knew them well, to make these plans in their best interests. People's choices and preferences were clearly recorded within the plans to make these plans by their relatives.

People and their representatives were involved in planning and decisions about their care and support needs. For example, relatives told us people were consulted at the beginning of the process to move to the home and staff sought their opinion to find out if they wished to move. They said, "Staff spent a lot of time making sure people were happy to move. People visited the new home before they moved" and "The move was handled very sensitively. People knew the care staff going with them." Staff explained when people moved to the home they were supported to choose their soft furnishings for their bedroom. One relative described how their family member had reacted to the move. They told us, "[Name] was asked for their opinion. Staff supported [Name] to get used to the changes. [Name] was thrilled because their bedroom was big and had an ensuite and they cried with emotion when they showed me." Staff explained how they took time to ensure the move went as smoothly as it could for people. Two people had independent advocates to support them in making the decision to move. Before the move, staff used picture boards to help people understand how the new home would be different and why their current home no longer met their needs. Records showed people were asked for their opinions about their care through regular reviews of their needs.

People had fulfilling lives because they were engaged in activities that were meaningful to them. One person told us, "They [staff] listen to us all the time. We had a meeting a couple of weeks ago. They do listen. They organise things for us, like we're having a pantomime soon here." The deputy manager told us, "If people express a wish to something, we support them to do things that are safe for them, in their best interests." On the first day of our visit, two people went on a holiday to Blackpool. They described how they were looking forward to going and what they would do there. Staff explained they had been included in the planning of the holiday and would be supported during the holiday by their keyworkers who knew them well. Other people chose what they wished to do. Some people watched films and some baked. One person told us they attended a weekly craft club which they enjoyed, they said, "We've made a Christmas cake which we have covered in marzipan and we're going to ice it next week."

The home was actively involved in building links with the local community and people were supported in individual ways that suited their needs, to attend events outside the home. For example one person attended a local sports centre and a local church. Other people were supported to go to local cafes and shops and to attend health appointments outside the home.

Communication between staff was effective, which ensured people received care which met their needs. A member of staff told us, "If I noticed there was a change in someone's needs I would discuss it with the staff team and get advice from health professionals. Then as a staff team we would put together a risk assessment to best support that person." Staff explained they used handover to share information and find out if there had been any changes in people's needs.

People were supported to develop and maintain relationships with people who were important to them. People told us their relatives visited them regularly and staff told us they encouraged as much contact with people's families as possible. Staff told us about one person who they had supported to go on holiday to visit family abroad.

People and their relatives said they would raise any concerns with staff. A relative told us, "I don't ever anticipate making a complaint. I would ask staff first if I had a problem." Staff understood the complaints process and knew how to support people if they had a concern. The provider's complaints policy was easy to read with pictures to help people's understanding and it was accessible to people in a communal area. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. The deputy manager confirmed there had been one complaint since the home had opened in January 2016 and this was not specific to their service, it concerned all of the provider's services.



Records showed it had been dealt with in accordance with the provider's policy. The deputy manager explained how they also recorded any comments made by people, to help them identify where improvements could be made to the service. There was evidence of compliments from relatives about the standard of care provided by the service. One compliment read, 'Wonderful work you and the staff have done in creating the new residential home.' The deputy manager explained compliments were shared with staff.

People who lived at the home told us they could share their experiences of the service at regular meetings. A member of staff told us, "We go through any issues or concerns people have got... We ask them if they've got any problems." We found where people had made suggestions, these had been carried out. For example, records showed one person had requested they wanted to buy a friend a present. Staff told us they had supported the person to do this on a day out. The registered manager told us, "The best way of getting people's views is by sitting down and talking to them.... We have known people for many years, so we know when there's a problem."

People were invited to provide feedback about the service they received and their comments were acted on by the registered manager. People were encouraged to share their experiences of the service by completing surveys. People who lived at the home were supported by staff to complete a survey which was easy to read and contained pictures to help their understanding. The registered manager told us, "If there is a negative response to a question, we ask people's keyworkers to rephrase the question to find out what the issue is." Records showed key workers had reviewed people's comments with them before their responses were forwarded to the provider for analysis. Results of the most recent survey were published in the October 2016 edition of the provider's magazine and had been shared with the service separately. The results of the survey included all the providers' services and were easy to read with pictures to help people's understanding. They included positive results such as areas where the provider was doing well in, for example encouraging people to take part in activities. The results also included improvements required, such as helping people to make choices and decisions. The registered manager explained that the improvements identified in the survey were not relevant to this service. Records showed that feedback from the survey was extremely positive.



## Is the service well-led?

### Our findings

Everyone we spoke with told us they were very happy with the quality of the service. One person told us, "I like living here, I wouldn't change anything." Relatives told us, "I would put Poppy Place at the top of the list if I had to grade them" and "I think the culture of the place is good." People we spoke with were positive about the leadership of the home. Staff said, "I love it here, I love my job" and "The manager is very good." We saw the registered manager and deputy manager were accessible to people who used the service and both managers had worked for the service for many years and knew people well. A relative told us, "We have known the manager for many years... I have full confidence in them." Staff told us the registered manager was approachable, they told us they could make suggestions and these were acted on. A member of staff told us, "I feel supported by my manager, they encourage me. It's nice that I'm valued and I feel motivated by this." The registered manager told us they had regular supervision and support provided to them by their manager.

The registered manager told us they made sure staff understood their roles through one to one supervision meetings and staff team meetings. There were regular staff meetings held for different staff groups within the service, for example, for care staff at the service and for the providers' deputies and service managers. The deputy manager told us it was useful for managers to have a mix of staff at meetings because they received feedback from people who worked directly with people in the providers' services. They gave an example where staff had discussed the results of an audit of the standard of supervision across the providers' services and looked at areas for improvement. They said, "I use this feedback as a checklist on how to do supervision better." Another member of staff told us they recently discussed how they could improve one person's care to prevent their behaviour having an impact on other people in the home. They told us senior staff acted on the staffs' ideas to improve care. The registered manager confirmed they shared ideas suggested by staff with managers of the provider's other services. They said, "We talk within our service about how we have learnt from issues and how we will do it better next time." The registered manager explained they shared best practice and identified where improvements could be made throughout the provider's services. They gave an example where managers had worked together to create a safeguarding checklist to use within all the provider's services. They told us it had improved the way they worked and said, "I think this is really good because it reminds you what to do." This demonstrated there were processes in place to enable staff to share information about the service in an open way to help improve the quality of care for people.

Staff explained how information was shared in order to improve the quality of the service. Reports of important information which could affect standards of care were regularly forwarded from the service to the provider and the provider's board of trustees for consideration. For example, a fortnightly report was sent to the provider and senior managers, which included important information such as safeguarding incidents and any concerns which may affect people's care. The registered manager told us these reports were useful because they kept senior managers informed of events and staff could request support to help improve the quality of the service if required. The team leader showed us handover reports they completed twice daily, which were sent to the provider and the registered manager to keep them up to date with daily changes at the service. The registered manager told us they found these reports helpful to keep up to date with events

when they were away from the service and to inform them of any changes to peoples' needs so these could be monitored.

The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. The registered manager had worked for the provider for 26 years and had been a registered manager at various services with the provider for over 10 years. They had obtained social care and management qualifications during that time and had transferred to this service when it opened in January 2016. They were aware of the achievements and the challenges which faced the service. For example, they told us how they had planned people's move to the new home over a number of months and how people had responded well because their opinions had been taken into account.

The registered manager kept up to date with best practice by receiving updates on legislation from the provider, attending external events such as a 'registered managers forum' and regularly sharing information with the provider's other services. A forum is an external event hosted by the local authority and enables similar service providers to get together to share their knowledge and new initiatives. The registered manager explained how they shared best practice with staff at meetings and through supervision. For example, they had recently discussed MCA with staff at a meeting, because they felt staff needed more information on this subject. The provider had attained a silver award from the international investors in people accreditation scheme, for their staff management achievements.

There were systems in place to monitor the quality of service. This included checks of the quality of people's support plans and financial records by the deputy manager. The registered manager told us the results of these checks were shared with staff and people's keyworkers were asked to take any action required. The deputy manager was responsible for making sure staff knew when they were required to complete any actions to ensure improvements were made in a timely manner. Records showed people's support plans were updated following audits. Additional monthly checks were carried out by team leaders from the provider's other services. This helped to ensure checks were completed accurately because, they were done by someone who did not work at the service. They looked at areas such as quality of care plans, medication and household issues. The provider organised further checks to be made by an external auditing company who reviewed the service and made recommendations for improvement. We saw action plans were shared with the provider, who checked actions were completed in a timely way. People's care was improved because the quality assurance system was effective and was strengthened by independent checks.