

Aspire: for Intelligent Care and Support C.I.C

Poppy Respite

Inspection report

16-18
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Date of inspection visit:
12 July 2023

Date of publication:
05 September 2023

Ratings

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

Summary of findings

Overall summary

About the service

Poppy Respite is a residential home providing accommodation and personal care for up to 4 people. Respite care allows those with caring duties to take a break, while the person you care for is looked after by someone else. The service provides support to people with a range of health conditions, including people with a diagnosis of dementia, a learning disability or autistic spectrum disorder. At the time of our inspection there was 1 person using the service.

Poppy Respite is attached to a larger resource centre, with a community café and additional day care facilities. These can be accessed by people living at Poppy Respite. This inspection only relates to the provider's provision of residential respite care. CQC only inspects where people receive a regulated activity such as residential or personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right support: The model of care and the accommodation maximised people's choice, control and independence. The environment was clean, well-maintained and rooms were decorated and furnished to a high standard. People had their own bedrooms and bathrooms and were encouraged to do things for themselves, supported by staff who promoted their independence. People were encouraged to bring in their own belongings to personalise their own space. People were supported by staff that worked hard to get to know them and understood their needs. Staff recognised and responded promptly to any changes in the needs of people who use the service.

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

Right care: People received effective personal care and support from regular staff who were well-trained and supervised. People received support that was individualised to their personal preferences and needs. People's rights to make their own decisions, where possible, were protected and staff promoted this. Systems in place made sure that risks relating to the health, safety and welfare of people, staff and others were assessed, monitored and reduced when needed. Staff received training in safeguarding adults. They understood their responsibilities to raise concerns and report incidents and were supported to do so.

Right culture: There was a positive, person-centred culture amongst the staff team. The registered manager, senior management and staff members worked in partnership with people and their relatives. Systems had been implemented to enable the provider to assess, monitor and improve the quality of the services provided and the provider was focused on developing these further. People benefitted from staying at a service that had an open and friendly culture. People enjoyed staying at the service and feedback we received confirmed people enjoyed their respite stays.

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

Rating at last inspection

This service was registered with us on 13 November 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Poppy Respite on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Poppy Respite

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by 1 inspector.

Poppy Respite is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Poppy Respite is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started 7 July 2023 and ended on 19 July 2023. We visited the location's office and the service on 12 July 2023.

What we did before the inspection

We reviewed information we had received about the service since their registration with us. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager, 2 members of staff and a quality compliance officer. We met 1 person who was using the service at the time and 1 relative.

We reviewed a range of records. This included looking at care and support records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm.
- Staff had received safeguarding training, understood the importance of keeping people safe and knew how to raise safeguarding and whistleblowing concerns.
- There were policies and procedures in place to guide staff in keeping people safe.

Assessing risk, safety monitoring and management

- Risks relating to people and the environment were assessed and monitored closely to keep people safe.
- Risk assessments were in place to guide staff in supporting people safely both inside the home, in public places or outside in the community.
- Building safety checks had been carried out in line with legislation. Risks relating to gas, electrical systems, water and household appliances had been assessed and health and safety checks of the premises had been completed. People had personal emergency and evacuation plans (PEEPs) to guide staff in the event of an emergency, such as a fire.

Staffing and recruitment

- There were enough staff to support people with their individual needs.
- There was a stable staff team to ensure people were supported consistently by staff who knew them. People benefited from the established staff team.
- Staff were recruited to the service safely and relevant checks had been undertaken. The provider ensured references had been sought and disclosure and barring service (DBS) checks had been undertaken. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Staff had received training in medicines administration and their competency to administer medicines was assessed at regular intervals, as per company policy.
- Medicines were stored safely and correctly and records relating to medicines were clear and completed accurately.
- Staff completed stock checks of medicines and supported people to manage their medicines safely.
- Any medicines prescribed on an 'as and when' basis (PRN) were recorded, along with a rationale for the administration. PRN protocols were in place to guide staff with this process.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting followed the latest government guidance in relation to visiting in care homes

Learning lessons when things go wrong

- The registered manager understood the importance of a lessons learned process when things go wrong, to help improve the delivery of the service.
- Following a recent incident, the provider had made a decision to pause new stays for respite. This ensured the person living in the home at the time of the inspection received appropriate levels of care and other people were not at risk of potential harm.

Is the service effective?

Our findings

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

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

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

- Care was delivered in line with national standards and guidance such as Right support, Right care, Right culture. Staff empowered individuals to make their own decisions.
- People's care and social needs were assessed in a person-centred way to ensure staff were able to support them. People's needs and choices were clearly outlined to ensure staff could deliver effective care.
- Staff were knowledgeable about people's individual care and support needs. Conversations we had with staff showed they knew people well.

Staff support: induction, training, skills and experience

- People were supported by suitably qualified and experienced staff. The registered manager ensured staff who were new to the care sector completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed a comprehensive induction process when joining the service. This included, aspects of training, reading policies and procedures and learning to help better understand people's needs.
- Staff received mandatory training and additional training specific to the needs of people they were likely to support. Six staff had recently attended oral hygiene training. Staff understood the links between oral health problems and a person's general health, and the importance of maintaining good oral health
- Staff received regular supervisions. Staff spoke positively about this process and told us senior staff were helpful and supportive. Supervisions checked staff knowledge, for example in relation to incident reporting, recording and support-worker responsibilities.

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

- People were supported to eat and drink enough to maintain a balanced diet. Care plans included people's preferences in relation to food and drink.
- A special dietary requirement form was given to catering staff. This indicated any food allergies and whether people required a diabetic diet. We discussed with the registered manager how the form could be improved to indicate other modified diets, for example the need for thickened food and fluids. This would be beneficial should any people with specific dietary needs begin to use the service in the future. We will monitor the effectiveness of the implemented changes on our next inspection.
- People were free to make choices regarding food and fluids and staff were aware to promote healthy choices. Staff were recording when people chose to decline the healthier food options offered to them.
- Staff supported people to be involved in preparing food if this was their wish. The kitchen area was

accessible for people, and food was stored appropriately and safely.

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

- Staff understood the importance of working alongside other agencies to ensure people's needs were met in a timely way.
- Staff understood the individual health needs of the people they supported, and there were risk assessments and care plans in place to support this.
- People were supported to maintain their health and wellbeing. Activities to keep people fit and healthy were encouraged by staff.

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

- The service had been well-adapted and designed to meet the needs of the people living there for a period of respite care.
- The environment was well maintained. The provider had created a low stimulus environment for people to prevent avoidable distress, including mood lighting in corridors that reflected day and night.
- Bedrooms were spacious, clean and well maintained. They contained equipment that people might need to ensure they received the right care. One room had a full ceiling-track hoist.
- The décor and furnishings were of a high standard, with bedding and other accessories colour-coded to each room to help reduce the spread of infection.
- People had access to a safe outside area.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations Staff had received training in the MCA and understood the concept of consent. were being met.

- The service was working within the principles of the MCA.
- Staff empowered people to make their own decisions about their care and support. Staff told us people were able to make choices and decisions.
- Where appropriate, applications to deprive people of their liberty had been made and staff understood what this meant for people's care and support.
- Records reflected if a person had a Lasting Power of Attorney (LPA) in place; an LPA is a representative who acts on a person's behalf in making decisions relating to health and welfare and finances.

Is the service caring?

Our findings

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

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

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

- People were supported by staff who treated them with respect and equality. Staff were knowledgeable about the person's needs and what they liked to do.
- Relatives trusted and praised the staff for the care and support they provided. A relative we spoke with said, "The girls [staff] are wonderful. I really do feel [they are] settled."
- The service had recently received positive feedback via email following a successful respite stay which read, "We as a family would like to thank yourself and all the staff at Poppy dementia centre for the exemplary care you gave my [relative] during her stay recently."
- There was an equality and diversity policy in place at the service and staff received training in this area to ensure they understood the importance of respecting people's individual characteristics.

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

- People were supported to express their views to ensure they were involved in making decisions about their care.
- Where people could not express their views, involvement was sought from the person's circle of care, for example family and healthcare professionals. This ensured any decisions made were in the persons best interests.

Respecting and promoting people's privacy, dignity and independence

- People's likes, dislikes and how they liked things done were set out in their care plans. Care plans were geared towards what people could do and how staff could help them to maintain their independence safely wherever possible.
- Staff understood the importance of promoting privacy, dignity and independence when providing care, and outlined examples of how they did this
- Staff had a good understanding of promoting independence for people. We heard staff asking a person if they wanted to help make a lunch time snack, but they declined.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and preferences. Care plans were detailed, and person centred. A member of staff told us, "We can add to these [care plans] as we get to know the person better."
- One-page profiles included information on what is important to people including their needs, preferences, likes and dislikes.
- Care plans were reviewed at regular intervals and updated to reflect any changes in needs or incidents that had occurred. Any relevant risk assessments were also completed where appropriate

Meeting people's communication needs

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

- The registered manager understood the importance of the Accessible Information Standard and there was a policy in place to support this.
- The service met the accessible information standards. Staff ensured people had access to information in formats they could understand.
- Staff had good awareness, skills and understanding of people's individual level of understanding. Staff were able to explain how they would respond to people's different communication needs.
- Staff understood how to communicate with people effectively and this was observed during the inspection. Staff had access to information on how to understand and respond to people's body language and any behavioural cues.

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

- People were supported to engage in a wide range of activities in the service and the local community in accordance with their wants and needs.
- People were supported to stay in regular contact with friends and family. A relative told us they visited twice a week.
- There was a community café on the wider site and day facilities. People living at Poppy Respite could spend time there with support, if that was their choice. Friends and family members could join them in the café.

- Staff were committed to providing personalised support to ensure people received effective respite care. Staff spent time with people on a daily basis.

Improving care quality in response to complaints or concerns

- There was a policy and process in place for managing complaints, although the service had received no complaints.
- A relative we spoke to told us they had no concerns regarding the service.
- The registered manager saw complaints as a positive; something to learn from and help improve practice.

End of life care and support

- There was no one receiving end of life care at the time of this inspection. End of life care would in conjunction with external health professionals, such as community nursing staff and a GP.

Is the service well-led?

Our findings

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

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

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

- The registered manager and other senior staff had effective oversight of the service. There were systems in place to keep people safe, protect people's rights and provide good quality care and support.
- Governance processes were effective and gave the provider good oversight of the service. The registered manager carried out audits and there was evidence of actions taken in response to these audits.
- The respite unit was part of a wider hub and senior members of the provider's management team were based in the building, including a dementia lead, autism co-ordinator and a physiotherapist. The registered manager could draw upon this knowledge and expertise when required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers promoted equality and diversity in all aspects of the running of the service.
- Staff told us morale between the team was good, and they enjoyed working as a small, close-knit group.
- Staff spoke highly and positively of the registered manager and their approach to managing the service. Staff felt supported by their colleagues, the registered manager and other senior members of the team.
- Staff felt confident in raising concerns should they need to and told us concerns would be addressed.
- Supervisions with staff gave them the opportunity to raise any concerns about people living at Poppy Respite, and also to talk about their own well-being. Staff valued team meetings and told us, "We can make suggestions; I feel listened to."
- People experienced positive outcomes and that support was extended to the families of people living at the home. Feedback we saw explained how the service had helped prepare both the family and their relative for a move into a care home.

Working in partnership with others

- Management were visible in the service, approachable and took a genuine interest in what people and staff had to say.
- Staff worked effectively with other organisations such as healthcare professionals and the local authority. We saw in documentation that healthcare professionals had been involved in people's care to achieve good outcomes for them.
- The provider was working with social work professionals to ensure an appropriate permanent placement

was identified for a person to move to.

- There was oversight and support from the local authority. The service had recently had an audit of infection control measures in place and was compliant.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Poppy Respite was in its infancy. The provider had developmental plans in place regarding improved monitoring and oversight of the service. A new quality audit tool was demonstrated during the inspection and a new electronic care system was being introduced slowly for staff.
- The registered manager understood their responsibility regarding the duty of candour, and the need to be open and transparent when things go wrong.
- The registered manager understood the need for continuous learning and improvement in the service, and staff felt valued by management.
- The service worked in partnership with advocacy organisations, social workers and other health and social care organisations to develop their service to meet people's needs.
- The provider was keen to improve and grow the service for the benefit of people accessing Poppy Respite.