

Starfish Enterprise Limited

The 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

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, and to provide a rating for the service under the Care Act 2014.

The inspection was announced because we wanted to ensure people were available to speak with us about their care.

The Poplars is registered to provide care and support for up to six people with different health needs including a learning disability. There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Staff were suitably deployed to meet the needs of each person. Healthcare professionals and people told us they were satisfied with the number of staff working during each shift.

Staff understood the needs of people and care was provided with kindness and compassion. People and healthcare professionals told us they were happy with the care.

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work and fully understood their roles and responsibilities, as well as the values and philosophy of the home. They completed extensive training to ensure the care delivered to people was safe and effective.

The provider had employed skilled staff and took steps to make sure interventions applied were least restrictive and in line with best practice. Healthcare professionals told us they were kept informed when incidents or accidents had occurred.

The registered manager and the deputy manager assessed and monitored the quality of care consistently involving people, relatives and professionals. Each person told us they were asked for feedback and encouraged to voice their opinions about the quality of care provided.

There was a culture of respect, kindness and loyalty in the service. Interaction between staff and people was friendly and encouraging. People we spoke with consistently told us they had frequent opportunity to express their views with staff and management. Professionals consistently told us the leadership in the home was good and always displayed strong values when they visited people.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if

there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Applications were in the process of being submitted to the local authority.

Records showed referrals to health care professionals were made quickly when people became unwell. Each health care professional told us the staff were responsive to people's changing health needs.

Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs.

The provider had effective systems in place to support people with their medicines safely. Records showed medicines that were no longer needed were disposed of correctly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People felt safe because the provider had systems in place to recognise and respond to allegations of abuse or incidents. Meetings were held regularly to monitor and assess risk related to people's care.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. The provider had safe recruitment practices in place.

Good ●

Is the service effective?

The service was effective. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

Good ●

Is the service caring?

The service was caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members. Healthcare professionals told us the home provided compassionate care.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Good ●

Is the service responsive?

The service was responsive. People's needs were assessed before they moved into the home to ensure their needs could be met.

People received care and supported when they needed it. Staff were knowledgeable about people's support needs, interests and preferences.

Good ●

Relatives were knowledgeable about the different ways they could complain if they were not happy with the care provided.

Is the service well-led?

The service was well-led. People, relative and healthcare professionals felt there was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the registered manager and the provider.

The provider regularly sought the views of people living at the home, their relatives and staff to improve the service.

Good ●

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

This inspection took place on 21 October 2015 and was announced.

The inspection was conducted by one inspector.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, deputy manager, three support workers, three people living in the home and two healthcare professionals.

We pathway tracked two people. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, staff recruitment files, the homes safeguarding policy, feedback from relatives, internal quality assurance audits, medication records, staff feedback records and support and supervision records.

We last inspected the home on 1 December 2013 where no concerns were identified.

Is the service safe?

Our findings

People and healthcare professionals told us the service was safe. One person said: "I do like it here they look after me". Another person said: "they keep me safe when I am outside". A healthcare professional said: "If the home have any worries they are quick to contact us. The staff know about people's needs well so there is little risk".

All staff we spoke with told us they had undertaken training in safeguarding adults. They were all able to describe the different types of abuse that could occur in relation to people who use the service and the actions they would take to report any suspected or actual abuse. Staff gave us examples of how they protected people. One member of staff showed us how they carried out checks on people's money and the records they kept to protect people from financial abuse. They said: "We record all money that comes in for people and goes out" and "staff sign the money sheets to make sure it is done properly". Another member of staff said: "The financial audits we do would highlight any discrepancies and we don't get any". People told us their money was stored safely but could access it whenever they wanted to.

Assessments of risks were carried out and where risks had been identified appropriate management plans were in place to minimise the risk of harm and to ensure the safety of people and others. For example, strategies were in place for people to follow when accessing the community and agreed protocols were in place to support people with their personal and family relationships. Handover meetings took place on a daily basis to share any information which may be required to keep people safe. One support worker said: "we talk about any incidents, medication changes and who is doing what".

Staffing levels were appropriate for the needs of the people at the service and to keep people safe. At the time of our inspection one person was being supported to go bowling and to have lunch, two people were supported to go to the pub and one person was at college. Other staff were available in the service to support people who had decided to stay at home. People told us there were enough staff to help them cook, remind them to clean their rooms and to have conversations with them when they felt anxious about college or relationships. One person said: "There is always someone to talk to if I am worried about anything".

Recruitment procedures were in place to make sure appropriate checks were carried out before new staff started work. These included checks on people's right to work, criminal records, references from previous employment, qualifications, fitness to work and identification. We viewed recruitment information for one member of staff and saw that the required checks had been carried out. This helped to protect people from the risks of being cared for by unsuitable staff.

Arrangements were in place for people to receive medicines which had been prescribed safely. We looked at the management of medicines in the service. Medicine administration records (MAR) detailed the quantities of medicines received, carried forward from the previous medicines cycle and records were clearly signed when medicines had been administered. We checked a sample of medicines, the stock quantities available showed that medicines had been appropriately given to people. Staff told us records were kept for all medicines which were disposed of and dispensed at the local pharmacist. People's care plans contained

information about the medicines they had been prescribed and the support people required to take their medicines. Where a medicine was to be given only as required (PRN), for example, pain relief, there were clear guidelines for staff to follow to make sure the medicine was given in accordance with the instructions of the doctor.

Is the service effective?

Our findings

People and healthcare professionals told us staff were suitably trained to deliver effective care and support. One person said: "The staff do training". A healthcare professional said: "I have no doubt the staff are trained correctly, they understand safeguarding and have good knowledge of autism".

Staff received an effective induction into their role. Each member of staff had undertaken and completed a training programme before they were able to provide care unsupervised. Staff had regular supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Records showed an induction programme for new staff which included health and safety, fire awareness, emergency first aid, infection control, safeguarding and food hygiene. A member of staff said: "There is an open door policy here, if we need support from our manager it is always there".

Senior staff had conducted competency checks to ensure they were appropriately skilled to meet people's needs. For example, administering medicines and observing interactions. Records showed staff received training specific to people's needs. This included about learning disabilities, autism awareness and behaviours that may challenge others. A training schedule demonstrated the registered manager and the deputy manager monitored staff training needs and organised additional training when it was needed.

People were encouraged to develop their cooking skills and to consider healthy food options. Everyone we spoke with told us they were fully involved in deciding what they had to eat for breakfast, lunch and their evening meal. Various menu plans which included pictures were used as aids to assist people to make decisions about what they wanted to eat. One person showed us the food in the cupboard and said: "I picked this because it is my favourite" and "I can have what I want but the staff encourage us to try and eat healthy food".

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff were knowledgeable about DoLS and understood their responsibilities in relation to using least restrictive practices to keep people safe. At the time of our inspection nobody was subject to DoLS.

Is the service caring?

Our findings

People told us the staff were approachable and fun to be around. One person said: "the staff here are like friends". Another person said: "They care about me and that is important". A healthcare professional said: "People are cared for really well because the staff are caring people and they treat people like they are their own family members". Another healthcare professional said: "The attitude and commitment by staff is next to none, they deliver really good care and they are really understanding and patient with people".

The atmosphere was lively, there were many occasions during the day where staff and people engaged in conversation and laughed. We observed staff speak with people in a friendly and courteous manner, this included communicating by signing and using hand gestures. Staff always got down to the person's level to ensure eye contact was made. Staff supported people to access the community regularly. We observed people being supported to the shops, visit the local pub and supported to go bowling.

Staff were friendly, supportive and promoted dignity and privacy when providing care and support. Staff always knocked on people's doors and asked permission before they entered their room. One person told us they were treated with kindness and compassion. They said: "The staff do listen, they take me to the shops and they help me to stay independent, they talk to me about christmas and help me get organised". We consistently observed positive interactions between staff and people. A healthcare professional told us staff were tactful and considerate towards people's feeling around personal care. They said: "I have seen and heard staff encouraging people to brush their teeth, wash their hands and have showers. They are respectful and they say it in a way that doesn't make people feel bad".

Staff knew people well, and were able to tell us about them in detail, such as their care needs, birthdays, preferences, life histories and what they liked to do. They spoke sensitively and enthusiastically about the people they supported. Staff exchanged banter with people and talked about things they were interested in, such as music, college and dancing. One person told us they were pleased with the content of their care plans. They were proud to show us their records and said: "This is all about me, look at this section here, it tells you about the things I like and the things I don't like" and "This part tells you about my past and different places I have lived".

Is the service responsive?

Our findings

Healthcare professionals told us support workers responded to people's needs effectively. They said: "Any time I have been asked to help with a review I have always been pleased to see the staff are proactive". One person said: "I have a meeting with my key worker every four weeks and we talk about what I need help with" and "We organise things like days out and trips".

Care records contained detailed information about people's health and social care needs. These were individualised and relevant to the person. Records gave clear guidance to staff on how best to support people. For example a person's daily routine was broken down and clearly described so staff were able to support people to complete their routine in the way that they wanted. Staff felt the care plans were informative and provided clear guidance in how to support people. Records included information about people's life history, interests, individual support needs and details such as food preferences and what was important to the person. People's care plans and risk assessments included specific plans for their health conditions, such as epilepsy, behaviours that challenged and how to support them if they became unwell. Records showed people's changing needs were promptly identified and kept under review. For example, one document showed strategies relating to specific behaviours had been assessed regularly during a period of increased anxiety. Staff told us they reviewed care plans on a monthly basis and healthcare professionals told us they had opportunities to express their views about people's care and support.

Care plans of each person living at the service had daily records which were used to record what they had been doing and any observations regarding their physical or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty. Care files also identified people's likes/dislikes and interests which the home then attempted to accommodate. People were able to take part in a range of activities which suited their individual needs. On the day of the inspection all of the people who lived at the service were taking part in various individual activities including, playing with board games, accessing the community, cooking and playing sports games.

People told us they had regular meetings with staff and others in the service to talk about any complaints or problems they had. One person told us they had a meeting with their support worker and the manager to talk about their progress in maintaining their independence. They told us they knew when people were happy or unhappy with their care. One support worker said; "We know the signs and noises people make if they are telling us they are not happy". Staff were familiar with the complaints procedure and the registered manager responded to complaints appropriately. For example, a complaint from a member of the public had been investigated by the registered manager and we found actions had been taken by the manager to prevent possible breaches in confidentiality. Documentation showed the complainant had been kept up to date with their complaint.

People were supported to organise and attend medical appointments when needed. For example, someone had attended an appointment with a counsellor on 5 May 2015. The person told us the session helped them

with their anxiety problems and encouraged them to have good conversations with staff about any worries they had. Other records showed people were supported to access the dentist and to attend hospital appointments. One person said: "The staff remind me about appointments and help me to organise them".

Is the service well-led?

Our findings

People, staff and healthcare professionals told us the service was well-led. Professionals consistently told us the registered manager and the senior staff were passionate and caring towards people. They told us the staff worked effectively with external organisations and were not afraid to ask for advice or help if they needed it. One healthcare professional said: "This is a good service and the staff have really helped people to become more independent" Another healthcare professional said: "The culture of the home is about promoting independence and a lot of people have learned new skills".

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. People told us they were motivated by staff and the care they received was specific to their needs. We observed staff interacting with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person during a conversation about their food preferences. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection. Another member of staff showed patience and sensitivity when one person became anxious about their plans for Christmas.

As part of the registered manager's drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, mental capacity assessments and health and safety. They evaluated these audits and created action plans for improvement, when improvements were required. For example, one audit highlighted the importance of making sure care plans were reviewed with key workers on a monthly basis. Records showed these reviews had been taking place with one person saying: "I want to have another key worker meeting"

Staff told us they had good opportunity to talk about any concerns they had with management and said the office door was: "always open". The registered manager said: "We have an open door policy here, people can talk to us whenever they want to". We observed people and staff frequently seeking advice and support from management.

The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, they could approach the local authority or the Care Quality Commission if they felt it necessary. One member of staff said: "I would go to CQC or the police if the management were not listening to my concerns but it is not an issue here, we are all here for the right reasons".