Autism.West Midlands

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 unannounced inspection on the 24 May 2016. The service was last inspected in July 2014 and was meeting all the regulations. Poplars provides accommodation for a maximum of five adults who are living with autism and learning disabilities and who require support with personal care. There were five people living at the home at the time of our inspection.

The service has a registered manager who was present throughout the inspection. 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 provider had recently recruited a new manager who would apply to become the new registered manager for the service once all their training was carried out. We spoke with the new manager throughout the inspection.

People living at the home told us they felt safe. We saw that there were sufficient staff available to meet people's requests for support promptly. The provider had ensured that appropriate checks were carried out on any new staff recruited to ensure they were suitable to support people living at the home. Any identified risks posed to people had been analysed and steps put in place to minimise the risk for the person.

People received appropriate support with their medicines. Daily medicines were given safely although we found there was some improvement needed with the management of medicines that were given on an 'as required basis'.

Staff told us they had received sufficient training to carry out their role effectively. Most staff had a good understanding of the Mental Capacity Act (2005) and described how they supported people to make choices.

We saw that people were supported to develop independence with meal preparation and had been supported to maintain their nutrition and hydration needs. Regular healthcare was planned and accessed and staff had information about how to support people in different healthcare settings.

People told us they felt cared for. Relatives were happy with the care their relative received and were complimentary about the staff team. People were involved in developing their own plan of care to ensure they received care how they wished. Staff were caring in their approach and knew people they supported well.

People had access to activities they enjoyed on a daily basis. These were planned with the person to ensure known interests and hobbies could be followed. The range of activities available included resources that were available in the home and accessing external resources in the community.

Care was reviewed with people on a regular basis to monitor if it still met the person's needs.

People were supported to maintain contact with people who were important to them including visiting family members or speaking to them on the phone. Whilst people were happy with the service they were receiving they told us they knew how to raise concerns should they need to.

People and their relatives were happy with how the service was managed. Staff felt supported in their role and involved in developing the service. Quality monitoring systems were in place that ensured the quality and safety of the service were kept under review.

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 supported by sufficient staff who had been suitably recruited.

Staff were aware of their responsibilities in recognising and reporting any safeguarding concerns.

Where risks to people had been identified, measures were put in place.

Daily medicines were given safely. Improvement was needed in the management of medicines administered on an 'as required' basis.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training to understand their individual needs.

Care provided followed the principles of the Mental Capacity Act (2005). Most staff had a good knowledge of how to support people in line with this legislation.

People were supported to access healthcare services.

People were appropriately supported to receive sufficient nutrition and hydration.

Is the service caring?

Good

The service was caring.

People were happy with the support they received from staff and felt cared for.

Staff demonstrated a caring attitude to their work and we saw that staff knew people and their needs well.

People were involved in planning care that met their preferences.

Is the service responsive?

Good

The service was responsive.

People had access to activities of their choice on a daily basis.

People were regularly involved in reviewing their care plans.

People knew how to raise concerns should they need to.

Is the service well-led?

Good

The service was well-led.

The registered manager knew the responsibilities of their role.

People and their relatives were happy with how the service was managed and staff felt supported in their role.

There were systems in place to monitor the quality and safety of the service.

Poplars

Detailed findings

Background to this inspection

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

This unannounced inspection took place on the 24 May 2016. This inspection was carried out by one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on.

We visited the home and met all the people who lived at the home and spoke with four people. We spoke with the registered manager, a manager who was new to post and four staff. We spoke with two relatives. We looked at records including two care plans and medication administration records. We looked at two staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

People that we spoke with told us they felt safe living at the home and one person commented, "I do feel safe." Relatives informed us that they felt their relative was safe living at the home and described actions that staff took to keep their relative safe.

Staff we spoke with were able to describe action they took to keep people safe on a daily basis and described possible types of abuse that people were at risk from. Staff informed us and records confirmed that staff had received training on safeguarding people and were able to tell us the action they would take should they have any concerns. Staff described the importance of knowing the person and any changes in behaviour that may indicate a safeguarding concern. The registered manager demonstrated knowledge of their responsibilities for safeguarding people and could describe appropriate action to take should concerns be raised. This meant people were supported by staff who were able to recognise potential abuse and knew what action to take to support people appropriately.

We saw that the service had identified risks posed to each person living at the service due to their individual conditions. Each identified risk had measures in place to minimise the risk for the person. We saw that one person's risks had not been clearly recorded or reviewed although we were assured that staff knew of these risks and how to reduce them for the person. Some people living at the home were able to access the community independently. We saw that consideration had been given to the risks this posed to the individual and strategies were in place to support them to do this safely. One of the people we spoke with explained these strategies to us and had knowledge of what to do should they feel unsafe whilst accessing the community. Where accidents or incidents had occurred the service had carried out an analysis of the event to determine any preventative action that could be put in place to reduce the chance of reoccurrence. Any accident or incident that occurred was monitored by the provider to ensure appropriate action had been taken.

People living at the home sometimes displayed behaviours as a way to communicate their needs or as a means of requesting support. Staff that we spoke with were able to describe what each behaviour meant for the person and what they did to reduce the occurrence of behaviours. Staff had a good understanding of how to support people with their behaviours in order to reduce anxieties and keep people safe.

The service carried out routine maintenance of equipment and the premises to ensure it was safe. The service had a separate flat with its own kitchen, bathroom, living area and bedroom. We noted that the layout of the kitchen presented some hazards which we raised with the registered manager. The registered manager assured us that these would be rectified as a matter of urgency to ensure the safety of people living at the home.

People who lived at the home told us there were enough staff available to meet people's requests for support. Relatives we spoke with said they thought there were sufficient staff at the service and one relative commented, "There is enough staff to help [name]. There are no problems with staffing levels at all." We saw that there were sufficient staff available to meet people's needs and we observed that when requested

people often had the opportunity to be supported by one member of staff in order to take part in activities of their choosing. We saw that staffing levels were increased when people had requested specific activities they wanted to do. Any staff absence was covered by regular staff although the provider also had access to agency staff should the need arise.

We looked at how the service recruited staff. We saw that the provider had obtained Disclosure and Barring Service (DBS) checks to ensure people employed were safe to be working with people. The provider had carried out further steps such as obtaining references from previous employers to ensure staff were suitable to support people. The registered manager informed us that people living at the home took part in some aspects of the recruitment of new staff.

We looked at how the service managed medicines. Staff who administered medicines had received training about safe medicines administration and checks were carried out to ensure these staff were competent to give medicines. Checking staff competencies is another way of ensuring staff have the skills and knowledge to safely administer medicines. We saw that there were records available detailing the types of medicines people were taking and the reasons people took these medicines. Medicines were administered by two staff to reduce the risk of errors occurring. Checks of medicines were carried out weekly to monitor that medicines had been given safely. The medicines administration records that we sampled showed that people had received their daily medicines safely. We saw that people were supported with their medicines in a dignified manner and people that we spoke with told us they were happy with the support they received. One person told us, "I always get my medicines at 3pm and 9pm."

We looked at how the service managed medicines to be given on an 'as required basis'. Not all people living at the home had information available about the signs of them needing their medicines and we saw that one person's instructions for giving 'as required' medicines did not correlate with what the person had been prescribed. We saw that one person had two medicines that had similar properties but there were no instructions of how much gap to leave between these two medicines to ensure the person did not exceed the maximum dose. This meant there was a risk that staff would not know when to give medicines on an 'as required basis' or may administer them incorrectly. We spoke with the registered manager about this and they assured us that guidelines would be put in place to ensure staff had access to information that would support people to receive their 'as required' medicines safely.

Good

Is the service effective?

Our findings

Relatives that we spoke with told us that they thought staff understood their relative's needs well. One relative told us, "Staff understand him well," and another relative commented, "They know the signs of his behaviours and support him."

Staff informed us that they had received sufficient training to carry out their role effectively. We saw that training had been provided on people's individual health conditions and that training was refreshed at regular intervals. Some training courses had not been refreshed in line with the providers required timescale and was out of date. The registered manager assured us that action was being taken to ensure staff completed this training. People living at the service lived with autism. Staff had received specific training on this and had a good knowledge of what this meant for people living at the service. Where a staff member had changed to a more senior role additional training was provided to supply the staff member with the additional skills and knowledge they needed in their new role. The service had ensured that any new staff recruited had completed the Care Certificate. The care certificate is a nationally recognised induction course that provides staff with a basic knowledge of good care practice. This meant people were supported by staff who had the knowledge and skills to meet their individual needs.

Staff told us they felt supported in their role and had the opportunity for regular supervisions to discuss individual development needs and any support the staff member needed in their role. One staff member told us, "I'm getting the support I need."

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff had received training on the MCA and we saw people being offered choices in key areas of their care provision. Staff we spoke with told us that they offered choice in all aspects of a person's care and explained this had been carried out more often since a recent change in systems of working. Whilst most of the staff were clear about what the MCA meant for people living at the service some staff members' knowledge of this legislation needed improving. Where there were doubts about a persons' capacity to make a specific decision we saw that MCA assessments had taken place and if required best interest meetings had taken place with the person present.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the registered manager had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. The registered manager had assessed if there were any restrictions on people's care and if necessary had applied to the appropriate authority to gain authorisation to provide care in this manner.

People that we spoke with were happy with the support they received to have their nutritional and hydration needs met. One person told us, "They [staff] help you prepare lunch." We saw that people were encouraged to be independent in some aspects of meal preparation. Staff explained different processes they followed to teach people cooking skills. We saw that people had access to the kitchen at all times and could prepare food and drinks when they chose to. Menus that we viewed showed a variety of food were on offer and incorporated people's preferences whilst ensuring a healthy diet was followed. At meal times people had the choice of where they wanted to sit to have their meal. People had their nutritional and hydration needs met.

People told us they were happy with the support they received to have their healthcare needs met. We saw that the service had documented the specific support people needed in different healthcare settings through a health action plan. This ensured that staff could support people consistently when accessing these services. We saw that people had been supported to access regular healthcare and that specialist advice had been sought when needed. Staff understood the importance of following any specific instructions given by healthcare professionals and told us how they ensured these were followed. People had their healthcare needs met effectively.

Good

Is the service caring?

Our findings

People that we spoke with told us they felt cared for. One person told us, "There is nice staff and managers," and "I am happy living here." Another person told us, "I want to stay here forever." Another person told us, "Staff are easy to get on with." Relatives that we spoke with were happy with the care their relative received and one relative commented that, "Staff do exceedingly well to support [name]," and further commented that, "It's first class. They can't better the service."

Some staff had worked at the service for a number of years. All the staff we spoke with described people they supported in a caring way and we observed staff interactions with people were carried out in a calm, kind manner. One staff member described the support they gave people living at the home as, "We are trying to get the best out of life for them," and "The guys are the best thing, so unique and diverse." Another staff member described the best thing about working at the service was, "The difference you make in the guy's lives." From our observations we could see that staff knew people well, were kind in their interactions with people and had a good knowledge of how to respond to people's requests.

We saw that people had their preferences for care detailed in their care plans. These had been developed with the person and other people that were important to them. The guidance contained in people's care plans ensured that staff provided people with consistent support that met their preferences.

People were encouraged to be as independent as possible in all aspects of their care. We saw people carrying out household tasks such as laundry and cleaning and tidying. The service had a flat attached to the home where one person had access to their own kitchen and bathroom. This person was encouraged to learn life skills and independence in this flat whilst still having access to the main house should they want the company of other people or require assistance from staff. Staff understood the importance of people maintaining and developing their independence and one member of staff described this as, "We are trying to progress basic skills for independence." Another staff member said the support they were giving to people helped to, "Support to live an independent life."

People had the privacy they wanted by being able to access their bedrooms anytime they wished and on the most part staff were respectful of people's private spaces. However, one staff member tried to take us into a person's bedroom to speak in private to the inspector without seeking permission from the person first. After we declined to do this we brought this to the attention of the registered manager who agreed this was not acceptable and would address this with the staff member.

Good

Is the service responsive?

Our findings

People told us about the activities they took part in and explained that choices were given in what activities they wanted to do. One person told us, "I choose what I want to do." Some people preferred to have set activities planned for the week based on their interests and we saw communication aids had been developed to support people with their understanding of this plan. Activity scheduling was discussed between people and staff once a week and then organised accordingly. Some people's activities also took into account people's physical health and activities were planned to minimise the effects of people's healthcare conditions. People had the opportunity to attend colleges for further education and leisure activities such as swimming, meals out and going to the library. Staff were enthusiastic about supporting people with their chosen activities and one staff member described this as, "We want the guys to engage with the community and life."

People were supported to keep in touch with people that were important to them. The service had supported people to visit family members who lived in different parts of the country. People told us that they could arrange to meet their family when they wanted and also maintained contact via telephone calls on a regular basis.

People living at the service had shown an interest in going on holiday. The service had developed specific communication aids in relation to this to support people in their decision making of where to go on holiday. Staffing levels had been increased to ensure this could take place safely. This meant people had the opportunity for new life experiences.

We saw that care was reviewed with people to ensure the care provided still met their needs. Each person at the home had a key worker who had got to know the person well and who was responsible for ensuring these monthly reviews took place. Some of these reviews did not clearly reflect that the person had contributed to these meetings and therefore it was unclear whether the person's experience of care and wellbeing during the month had been considered. There were resources for people to take part in an annual review which contained details of planning care for the rest of the year. Relatives told us that they were also involved in these reviews.

People told us that they knew how to raise concerns if they had any and gave examples of how staff had responded appropriately to concerns they had raised. One person told us, "I tell the staff if I have a problem." Details were recorded in people's care plans of how the person would indicate if they were happy or sad which may aid staff in recognising if a person was worried or concerned about something. Relatives that we spoke with felt able to raise any concerns they may have and felt confident that if they had to raise concerns they would be resolved. The registered manager informed us that they had not received any complaints in the last twelve months.

There were systems in place to ensure important information was shared between staff. The service carried out handovers between staff at key times during the day to assist information sharing which in turn aided continuity of care. When information was handed over it was done so respectfully and in a private area of

the home.

Good

Is the service well-led?

Our findings

The previous registered manager who had worked at the service for many years had retired a few months before our inspection. This had caused some unsettlement for the people living at the service and for staff and relatives. However, people and their relatives told us they were happy with the current management of the service and knew the names of the managers they could contact should they have concerns. Staff we spoke with commented that they felt the changes made by the current registered manager were positive and were enthusiastic about upcoming service developments. One staff member told us, "The new changes are positive. It's a good improvement." Another staff member said, "People are happier now. It's been a good change."

The registered manager was aware of the requirement to inform the Care Quality Commission of specific events that had occurred in the home and understood what changes in regulations meant for service delivery. This included the registered managers responsibilities under duty of candour. The registered manager was currently supporting and inducting a newly recruited manager to the service who would eventually apply to become the registered manager for the service. We met this manager at the inspection who informed us of changes they were planning to implement to further improve some aspects of service delivery. There was a leadership structure in place which staff understood. Senior staff members supported the registered manager ensuring continuity of leadership at the service.

Staff informed us that they received supervisions and also felt confident to speak to the management team at any time should they have concerns. Staff we spoke with felt supported in their role and described ways that staff supported each other through working as a team. One staff member told us the managers "Listen to us," whilst another staff member commented, "Yes, I do feel supported." The service carried out staff meetings regularly to keep the staff team updated with people's needs and to discuss any changes in service delivery. Staff felt able to suggest ways to improve the service and one staff member told us, "I can make suggestions for improvement."

People had the opportunity to feedback their opinions of the service through regular key worker meetings. Relatives that we spoke with told us they felt involved in their family member's care and that the service sought feedback from them.

We looked at the systems the service had for monitoring the quality and safety of the service. Regular checks of key aspects within service provision took place to monitor the quality and safety of care being delivered. We saw that the managers of the providers other services carried out audits on specific aspects of service provision. This meant the service was open to gathering feedback on the quality of the service and allowed the provider to ensure the quality of the service was kept under review.