

Poppy Cottage Limited

# Poppy Cottage Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 30 April 2018 and 2 May. It was an announced visit to the service. This was the first inspection since the provider registered with the Care Quality Commission (CQC).

This service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection 19 people with a range of physical and learning disabilities were being supported.

The service had a registered manager in post. 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.

We received positive feedback from people, their relatives and staff on how the service was led. Comments included "Brilliant management, they are all absolutely fantastic; they have really made me feel comfortable." A relative told us "I am very grateful to [Name of registered manager] and her staff for their patience and kindness to both [Name of person] and my family."

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when abuse is suspected. The provider had notified the local authority of suspected abusive situations; however they did not notify CQC.

Providers have a requirement to be open and transparent when things go wrong. We call this duty of candour. When certain events happened there are a number of actions providers should take. This includes making an apology to the person or their legal representative. The provider was unaware of the requirements. However it responded quickly once this was discussed with them.

The provider had processes in place to undertake pre-employment checks on staff to ensure they were suitable to work with people. However some staff were working in the service without a full police clearance. The provider did not allow the staff to work unattended until a full police clearance was received. We were assured provisions were in place to protect people during this time.

Staff were supported to develop their skills and knowledge through training. However there had been a delay in some of the required training to ensure people received safe care. We have made a recommendation about this in the report.

Staff were aware of the need to report any incidents and accidents. However no analysis was carried out to

identify any trends or learning to prevent a future similar event. We have made a recommendation about this in the report.

People were supported by staff that had developed a good working relationship with them. Staff were aware of people's likes and dislikes.

People were supported to engage in meaningful activities and keep in contact with family and friends.

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

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People were support by some staff that did not have full police clearance. Although staff did not work attended with people until a full clearance was received by the service.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk. However we found there was conflicting information about the level of risk.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities. However there had been delays in staff receiving the required training. For instance some staff had not received training on how to support people with a hoist.

People were supported with attending healthcare appointments.

### Is the service caring?

**Good** ●

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

### Is the service responsive?

**Good** ●

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People were supported to attend meaningful activities, both within their accommodation and the local community.

### Is the service well-led?

The service was not always well-led.

People could not be certain any serious occurrences or incidents were reported to the Care Quality Commission.

The provider had a lack of understanding of some of the legal requirements of the Regulations. For instance they did not know about duty of candour or the requirements to report certain events to us.

People told us the registered manager was approachable and managed feedback about the service in a timely manner.

**Requires Improvement** 

# Poppy Cottage Limited

## 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 was the first inspection at the service since it was registered with CQC.

The inspection was carried out by one inspector.

We gave the service 48 hours' notice of the inspection visit because it is small. We needed to be sure that someone would be in.

We visited the office location on 30 April 2018 and 2 May 2018 to see office staff. Whilst at the office we looked at some of the required records including four people's care plan documents. We looked at three people's medicine records. We looked at policies and procedures and made some general observations. On the 2 May 2018 we visited five people who received daily support. We spoke with the registered manager and office staff which included the area manager. We spoke with three support workers and following the office visit we sought feedback from a further 12 staff and nine relatives.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people who were supported.

Prior to the inspection we did not request a Provider Information Return (PIR). A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider an opportunity to share what improvements they had planned to make during the inspection. We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

# Is the service safe?

## Our findings

People told us they felt safe and that staff promoted their safety. One person told us "I know the staff would help me with whatever I need." Another person said. "The staff are good."

The provider was aware of the requirements and procedures for recruiting staff with the appropriate experience and character to work with people. Pre-employment checks were completed for staff. These included employment history, and references. However Disclosure and Barring Service checks (DBS) we're not always routinely received prior to the member of staff commencing work. A DBS is a criminal record check. We asked the registered manager what action had been taken to ensure people were kept safe. The registered manager told us staff were not allowed to work unsupervised until the DBS had been received. Staff who were awaiting a DBS clearance also confirmed this with us. One member of staff told us "I cannot assist with medication as my DBS is not through." The registered manager confirmed what processes were in place to ensure people were safe. This included a risk assessment.

People told us there was enough staff to support them; this was supported by what staff told us. A new rota had been devised and was due to implemented in due course. The area manager felt this new rota would provide consistent and safe care to people.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority. However they had not reported the concerns to CQC as they were legally required to do so. When we spoke with people they told they would speak with the registered manager if they felt their safety was being compromised.

People who required support with managing and taking their prescribed medicine had this detailed in their care plan. Medicine administration records (MAR's) detailed what the medicine was and when it was required. We found MAR's to be completed appropriately. We found the service responded quickly to any gaps in MAR's and incident forms completed. People told us they were supported with their medicine in a safe manner. Staff told us medicines were managed well within the service. Some people were prescribed medicines for occasional use. We found these were also recorded on the MAR's. Staff demonstrated a good level of knowledge of the medicines.

Risks posed to people as a result of their medical condition, home environment or level of support required was assessed. Risk assessments were written for a variety of elements of providing care and support to a person. Risk assessments were linked to care plans. However we found multiple risk assessments were in place. For instance one person had three assessments to identify the risk of falling and each one contained a different level of risk. We discussed this with the area manager who agreed it was confusing.

One person had a risk assessment completed for pressure damage. The person was being seen by the

district nurse (DN) on a regular basis to dress the wound. The risk assessment completed by the DN did not match the assessment completed by the service. We asked the area manager if staff had received training on how to complete the pressure damage risk assessment they told us no training had been provided. The area manager confirmed with us they would discuss this with the provider. The area manager was clear when a referral would be made to an external healthcare professional. Staff we spoke with had a good understanding of monitoring risk of pressure damage.

One person required the use of equipment to help them move position. Although there was a risk assessment in place it did not provide sufficient guidance for staff on how to move them safely. Another person was a diabetic. We found one reference to high or low blood sugars in the care plan. However no guidance for staff on how they would identify if a person was experiencing high or low blood sugars. We discussed this with the area manager. They confirmed that risk assessments were in the process of being updated.

Incident and accidents were recorded. However no analysis was undertaken to identify patterns or themes. We discussed this with the registered manager and they told us no audits were undertaken.

We recommend the provider ensures systems are in place to monitor any trends in accidents and incidents to reduce a repeat event.

Staff were aware of the need to report incidents and accidents and made sure safety concerns were escalated when needed; to ensure lesson were learnt when the service fell short of the expected standard. The registered manager gave us a number of examples on how they had changed practice as a result of learning from when things did not go as planned. For instance, when working with one person who had specific support needs as a result of their medical condition.

The supported living accommodation was well maintained. Staff had been booked on infection control and food hygiene training. People we spoke with gave us positive feedback about their living environment.



## Is the service effective?

### Our findings

Prior to people moving into the supported living accommodation their needs were assessed by a senior member of staff. The area manager told us about an assessment they were currently undertaking. The provider had worked with the local authority in gathering important information about the person. The provider ensured that the person's needs could be met and they were compatible with other people in the accommodation. Where the assessment had identified the need for additional equipment this was provided prior to the person moving into the supported living accommodation. For instance one person required a built in hoist to assist their movement. Another person had a bed sensor and an epileptic sensor.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (COP). The staff received training on the MCA and had a good understanding on how to support people. At the time of the inspection no-one who was supported had been referred to the COP. The registered manager advised us of a number of best interest meetings they had held with community professionals regarding specific decisions for people. These included decisions about where a person wanted to live and access to family members.

New staff were supported to study the Care Certificate. The Care Certificate is a set of nationally recognised standards all care staff need to meet. The standards include communication, privacy and dignity; equality and diversity and working in a person centred way as examples. The registered manager advised us that there were gaps in staff training. This was in part due to the company who provided face to face training for the provider going into administration. The provider had recognised this as a risk to the service and had sought an alternative company to provide training. A number of people supported across the service required the use of hoisting to aid their movement. We checked if staff had received adequate training to provide this safely. We noted staff had not received training by a recognised trainer. We spoke with the area manager about this and they told us they had received a training session by a physiotherapist. The area manager then went onto train other staff. We spoke with the registered manager about this as we felt it did not provide sufficient safety to people. On the second day of the inspection we received confirmation that appropriate training had been booked for staff. Staff told us they felt there had been gaps in training but felt it had improved in the recent months. A programme of training had been arranged for staff to ensure they were kept up to date with the skills and knowledge to provide safe care.

We recommend the provider ensures mandatory training is undertaken in a timely manner.

Staff told us they felt supported by the management. We checked if staff were offered one to one meetings

with a manager in line with the provider's policy. We noted and the area manager confirmed that staff had not always been seen by a manager in the timescales expected. The area manager had put systems in place to ensure this was completed in the future. There had been a number of senior management changes with the organisation which had had an impact on the availability of management to support staff.

Where people required support with eating and drinking this was detailed in their care plan. People's preferences of food were highlighted. People told us they had a meeting with staff each week to discuss their menu choices for the week. One person told us "I meet with staff each week and I decide what I going to have, then we go shopping to get the food. I like pasta so that is always on my list." Another person told us, "I am not sure what I am going to have for lunch, I will decide when I am back at home; it may be a tuna sandwich."

Where people required support to attend health appointments this was provided on a one to one basis. Staff made appropriate referrals to external healthcare when required. For instance, one person had been seen by an occupational therapist as they had presented as being at risk of falling when mobilising, another person had been reviewed by a district nurse. People told us they were supported with keeping healthy.

The management team supported staff to work together to promote effective care to people. This included ensuring a handover meeting was made each day. This was an opportunity for important information to be shared amongst staff. Staff told us that they felt communication was good within the team. Where people moved between the supported living accommodation and other services such as hospital the staff ensured important information was shared to make sure people were kept safe. One person who was in hospital at the time of our inspection was being visited by a member of staff to ensure they were supported.

## Is the service caring?

### Our findings

We received positive feedback from people and their relatives. Comments from people included "I love it here, staff support me and the best thing is I have been able to choose my own wardrobe and bed," "I have friends at the house" and "I love living here, I am very happy." These positive comments were supported by what relatives told us. One relative told us "I always feel they have [Name of person] wellbeing at the forefront of their consideration and they treat her with dignity, which is very important to me."

Staff had developed good working relationships with the people. Staff were knowledgeable about people and their complex needs. It was clear when staff were talking about people, they liked working with them. We found staff enthusiastic and keen to provide a good service. We observed staff were kind and caring in their approach to working with people.

Staff were aware of how to provide a dignified service to people. Relatives told us Poppy Cottage Limited provided a home away from home. Comments included "I feel very strongly that [Name of person] receives the best possible care in Poppy Cottage. Her on-going decline is treated with the upmost care and dedication from all the staff. It is the nearest you can get to a normal home environment," "Poppy Cottage users are like a real family" and "The support staff really do care and understand the needs of my daughter. She has always been made to feel at home in Poppy Cottage and has made numerous friends among the other residents and indeed the staff themselves." Another relative had recently written to the registered manager following a visit to see their family member. They said "I want to say how much it gladdens my heart every time I see [Name of person] at her adopted home from home. The care, love and support that she and all the residents received is simply wonderful and that is due to the patience and expertise of your amazing staff."

People were supported with their communication needs. Some staff who had worked in the service longer had received specific communication training. For instance the use of Intensive interaction. This is a method of communicating with people who do not use words. One member of staff we spoke with felt that new staff required communication training. This was also supported by what a relative told us. We discussed this with the area manager who advised that training had been identified and was planned for the future.

The service ensured that people had access to the information they needed in a way they could understand it and were aware of the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager advised that easy read versions of Important documents were available to people.

People were encouraged to be involved in decisions about their care. One person had recently attended a review meeting with the management from Poppy Cottage Limited and their allocated social worker. It was clear from the minutes taken the person was included in the discussion and was supported to express their views.

Information regarding people was stored on a secure computer and only staff that required access had been given a password. People told us they were encouraged to be independent. One person told us "I try to do as much as I can for myself. When I need help, I just ask, and I get it straight away." A relative told us "Right from day one of her time with [Name of registered manager] and her team we have been delighted with the way [Name of person] has thrived. In the early days, I was worried about [Name of person] emotional wellbeing having lost her mum but my mind was quickly put to rest."

# Is the service responsive?

## Our findings

People received a personalised service. Each person had care plans in place which reflected their individual needs. Their likes and dislikes were well known by staff. Where changes to people's needs were noted a review of their support was held. On day two of our inspection one person was being seen by the wheelchair services to assess them for a new wheelchair. The computer system used by the staff highlighted when a care plan required a review. Each person had a keyworker, which was a named member of staff who supported the person to coordinate their care. Keyworkers were responsible for making changes to each person's care plan to ensure it was reflective of their needs.

Where people attended college or work placements, the service ensured that a member of staff attended review meetings. One relative told us "[Name of staff], is very capable at her job and always has [Name of person] best interest at heart, I feel. She attends reviews at college with me and tends to be available if I have a question."

People were encouraged to participate in meaningful activities. One person had been supported to access college. People told us they went out regularly. One person told us "I am always active, we go out a lot." Another person told us "We go out to the shops; I am going to Tesco this afternoon." Another person told us "I love dogs, I go to the Dogs Trust, I love it there." A relative told us [Name of person] appears to do a variety of activities and is often out and about with his own carer going on the train to trampolining or to the cinema.

A number of people we spoke with told us they attended social groups. We received positive comments about the group, it was clear people enjoyed going. One person told us they had been supported to book a holiday. They told us "I am going away at the end of September, I think, the staff helped me. I will enjoy that."

Staff were able to support people to maintain their safety in the community. One person liked to go on social media and meet new people. Staff had identified there was a potential for the person to be taken advantage of. The staff worked with the person to educate them on the risks of contacting strangers and how they could protect themselves. Staff we spoke with were keen to ensure the person still had choice to engage with strangers but was also safe.

The provider had systems in place for people and their relatives to provide negative and positive feedback. Complaints made to the registered manager were used as opportunities to develop the service. People told us they would not hesitate to contact the registered manager. It was clear from the interactions we observed people felt the registered manager was approachable. This was supported by what relatives told us. One relative told us "I think what I appreciate most is [Name of registered manager] honesty. She will tell you if behaviour has been good, but equally, and just as important to me, when [Name of person] has been behaving badly. [Name of registered manager] always has a calm approach and appreciates my involvement in working together."

At the time of the inspection the service was not supporting anyone with end of life care needs. However the provider had identified a need for staff to have training in end of life care. One member of staff told us they had really enjoyed the training.

## Is the service well-led?

### Our findings

People, their relatives and staff gave us positive feedback about how the service was run. One person told us there was "Brilliant management, they are all absolutely fantastic; they have really made me feel comfortable." A relative told us "I am very grateful to [Name of registered manager] and her staff for their patience and kindness to both [Name of person] and my family. We also received positive comments from ex-employees and external companies who work with Poppy Cottage Limited. Comments included "The [Name of directors] are fantastic employers that truly care about their staff but more importantly their service users. I have never worked for a company before with such hands on directors and I believe that this makes such a difference to the service users day to day lives as they feel a sense of importance" and "I am so proud to have been part of the set up and happy to see how far the business has come. The dedication to the service users, the staff and the company as a whole is something really special."

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when an allegation of abuse had been made. The registered manager told us they had made a number of referrals to the local authority safeguarding team. However they had failed to notify CQC. When we spoke with the registered manager they were not aware that we had not been notified. Another event which we should be made aware of is when a person had a serious injury which results in a fractured bone. Records showed one person had fallen and had fractured their cheekbone and nose. We checked our records and we had not been notified of this.

This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. One of the events which would trigger DOC is when a person has a serious injury resulting in a fractured bone. We asked the registered manager if they had followed the requirements of the regulation. They were unaware of the DOC regulations and no policy was in place. We advised the registered manager about the regulations. On day two of our inspection the registered manager gave us a DOC policy which they had written. We acknowledge the swift action taken by the provider and registered manager to ensure they complied with the regulation in the future.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some processes were in place to monitor the quality of the service provided to people. However the monitoring was more reactive than planned. For instance there was not a programme of audits undertaken. However the provider and registered manager responded to feedback on the service when issues arose. The provider had identified a need for additional personnel in the office and had a job advertised. They told us they hoped when filled it would provide additional managerial oversight.

Staff we spoke with told us they liked working for a family run business and felt the values were clearly communicated to them. Each new member of staff was provided with a handbook, which highlighted expected levels of behaviour at work.

The provider had a number of policies and procedures in place to help them manage the service. However we noted improvements could be made to how the provider ensured the policies were reviewed and updated. It was clear the registered manager had acknowledge this as the new DOC policy shown to us had an improved structure, version control and a review date.

Throughout the inspection we found the registered manager and office staff receptive to our findings and keen to improve the service for the benefit of people being supported. The registered manager demonstrated they were open to develop the service and use innovations in technology to support them to provide a better service.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The service had failed to notify CQC of events it was legally required to do so.
Regulated activity	Regulation
Personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour  The service was not aware of the Duty of Candour Regulation and had not completed all the required actions when the threshold had been met.