

Poppy Lodge Care Residential Homes Limited

Poppy Lodge Care Home

Inspection report

4 Drake Road
Westcliff On Sea
Essex
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Tel: 01702342793

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Ratings

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

Summary of findings

Overall summary

The Inspection took place on the 8 February 2016.

Poppy Lodge provides accommodation and personal care without nursing for up to 16 persons some of whom may be living with dementia. At the time of our inspection 14 people were living at the service.

The service had a registered manager. 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor, district nurse and dementia nurse specialist.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint; complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

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 felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being

needs. People were supported to access activities in the local community.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service continuously improved its standards.

Poppy Lodge Care Home

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.

Poppy Lodge on the 8 February 2016 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We reviewed the Provider Information Return (PIR). 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.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people, three relatives, three members of care staff, the cook, and registered manager. We reviewed four people's care files, three staff recruitment and support files, training records and quality assurance information.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "The staff are always around to help me if I need them to they will walk with me, and if I need help to get to the toilet I just push my buzzer and they come." A relative told us, "It has been such a relief since [person's name] has been here, it's the best home I have seen."

Staff knew how to keep people safe and protect them from potential harm. Staff were able to identify how people may be vulnerable and what they could do to protect them. Staff told us, "If I had any concerns I would raise them with the manager." Another member of staff said, "We always make sure people are safe and that the environment is safe for them. If I was worried about abuse I would report it to the manager or if necessary would report it to the owner or social services." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. The manager clearly displayed information on a service called 'Ask Sal' which is an independent helpline for staff, people or relatives to call if they had any safeguarding concerns. Where safeguarding concerns had been raised the manager worked with social services to ensure these were fully investigated to protect people.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, risk of fractures, moving and handling, use of bedrails, pressure mats, nutrition and weight assessments and safely using hot water. Staff were trained in first aid, should there be a medical emergency, they knew to call a doctor or paramedic if required. People also had assessments in place to assess their risk in such an event as a fire and what assistance they may need to evacuate the building.

People were cared for in a safe environment. The manager arranged for the maintenance of equipment used including the hoists, lift and fire equipment and held certificates to demonstrate these had been completed. The manager arranged for the on-going redecoration of the service and they had recently had new lighting and flooring fitted. For general repairs at the service the manager employed a maintenance person. Staff had emergency numbers to contact in the event of such things as a plumbing or electrical emergency. In case of a major event that may lead to the service being evacuated the manager had emergency contingency plans in place.

There were sufficient staff to meet people's needs. A relative told us, "What we like about this home is that there is always staff around, it does not matter when we visit there is always staff in the lounge, you never have to go looking for them." Staff told us that they had time to spend with people and were never rushed. We observed throughout the inspection that staff were always available and were engaging with people. The manager told us that there had been some changes in staffing over the past nine months, but they were now fully established and shifts were covered by permanent staff rather than agency staff.

The manager had an effective recruitment process in place, including dealing with applications and

conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, "I sent in my C.V then I came to meet the manager and had an interview, once all my checks were completed I started work." The manager told us as part of the assessment to see if people are suitable to be employed at the home they invite them in to work supervised for a couple of shifts to see how they get on with the people who live there.

People received their medications as prescribed. One person told us, "The staff give me my medication, I have about seven tablets I wouldn't be able to keep track of it myself." Senior carers, who had received training in medication administration and management, dispensed the medication to people. We observed part of a medication round. Staff checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The staff checked with the person if they required any additional medication such as for pain relief. There were written protocols for staff to follow when administering as required medication. Each person had a medication profile explaining exactly what each medication was for and what staff should observe for in terms of side effects. We saw that medication had been correctly recorded on the medication administration cards.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. One person told us, "They [staff] are all very intelligent." Another person told us, "The staff are excellent the care they give is exceptional."

Staff had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One member of staff said, "We get lots of training I have recently completed my NVQ level 3 in health and social care." Staff told us that they attended training at the service as well as off site at training provided by the local council. The manager holds a teaching qualification and is very keen for staff to be well trained with the knowledge and skills they need to do their jobs well. On the day of our inspection there was training being held at the service for health and safety and infection control. There was also an NVQ assessor on site going through staff's completed work with them. The manager told us her aim over the last year was to have all staff trained to diploma level and was also to have her deputy trained as a teacher to deliver training on site. In addition the manager encouraged staff to become champions in certain areas for example dementia champions and nutrition champions, they then shared their knowledge and good practice with other staff.

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. The induction included completing the Common Induction Standards, which has now been replaced by the Care Certificate this enabled staff who were new to care to gain the knowledge and skills to support them within their role. A new staff member said, "When I first started at the service I worked with other staff shadowing shifts to get to know the routines and completed training."

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). 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. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. For example staff knew when people like to get up in the mornings and where they liked to spend their time during the day. One person told us, "I prefer to get up at 6 am and go to bed at 6 pm the staff know this and help me." People at the service mostly had the capacity to make their own decisions, care plans in place for staff to follow focussed on giving people choice and in supporting them to make their own decisions. The manager clearly advertised an advocacy service should people feel they needed support with decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision

in the person's best interests. Where DoLS had been applied this did not stop people leaving the service with escorts to maintain their links with the community and were able to continue to live full life's.

People said they had enough food and choice about what they liked to eat. We saw throughout the day people were provided with food and drinks. One person told us, "Staff always make sure I have a drink in front of me." We received many positive comments about the food, one person said, "Its beautiful I have never had a bad meal here." People had choice about what they ate and menus were discussed with them. One person said, "If I don't like what they have I just tell them and they change it for something else no fuss."

We observed a lunch time meal; this was a very relaxed and social occasion. Where people needed support with eating staff sat with them, whilst providing support at the person's own pace. Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. If required, people were provided with special diets such as for diabetes or if they needed soft and pureed food. If there was a concern about people's weight their food was fortified to ensure they were getting additional calories to maintain their weight.

People were supported to access healthcare as required. The manager was keen to maintain good links with other healthcare professionals, such as district nurses, dementia nurse, optician, chiropodist and GPs. One member of staff said, "The district nurse comes in twice a week to check people's health and to give them a full check." The manager has also been taking part in a pilot recently to review people's full healthcare jointly with their GP and dementia specialist nurse. A relative told us, "The staff always keep us informed of any health issues, they recently had the GP because [person's name] had a chest infection." This told us people's healthcare was being well supported.

Is the service caring?

Our findings

The staff provided a very caring environment; we received many positive comments from people and their relatives. Such as, "All the staff are good, there is not one that I do not get on with." Another person said, "The staff are very good, all caring." A relative told us they found the staff very compassionate and caring, they said, "The staff are excellent, they are so patient with everyone."

Staff had positive relationships with people. They showed kindness and compassion when speaking with people. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, we saw many occasions of this. Staff spent time talking with people and were unrushed with every interaction. A relative told us, "They really give personalised care, it feels like a home here."

The service had a very calm, friendly and relaxed environment. People's needs were attended to in a timely manner by staff and staff treated people with dignity and respect. Staff were observant and attentive to people's needs for example when one person spilt food on to their clothing, staff approached them and asked if they would like to change. We saw staff discretely support them to go and change their clothes. On another occasion staff tried to support a person to transfer from a wheelchair to a more comfortable chair, the person became slightly confused about the task and staff spent fifteen minutes sitting with them and gently reassuring them.

Staff knew people well including their preferences for care and their personal histories. The service had 'This is me' documentation in people's notes which told the story of their life and described what is important to them and how they liked to be supported. Staff knew people's preferences for carrying out everyday activities, for example when they liked to go to bed and when they liked to get up. Staff knew how to support people when distressed for example they knew what one person liked to talk about when distressed to distract them. They also knew where they liked to sit for example what side of the lounge was their preference or if they preferred the conservatory. When one person became upset staff deployed these methods to try and reassure them, staff were kind and gentle in their approach and the person eventually became calmer.

People's diverse needs were respected. People also had access to individual religious support should they require this. Staff said, "People go out to church or they have individual religious support, we also have churches that come in to do services for everyone."

People were supported and encouraged to maintain relationships with their friends and family. A relative told us, "We ring the main phone and the staff gives [person name] the phone so we can have a chat." Relatives told us they visited at all different times and were always made to feel welcome at the service.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service and care plans developed. One relative told us that, "I have had experience of many different care homes but this is the best one I have seen." One person told us, "I have been in a few care homes but this is by far the best, if I have to stay in a care home permanently I want it to be this one." Staff had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. We found the care plans contain people's life histories and details about what or who had been important to them. The care plans were regularly reviewed, at least monthly. Staff also updated the care plans with relevant information if people's care needs changed. One person told us, "I have a care plan, the staff keep it up to date, they are always writing in it." This told us that the care provided by staff was up to date and relevant to people's needs.

Staff responded to people's individual needs. One person told us, "I like to be independent and do as much for myself as possible." Staff told us when this person first came to live at the service they could not walk but now with staff encouragement had started to mobilise again with the aid of a walking frame. Staff told us that they had to spend time getting to know the person and trying different routines with them for example when was the best time to support them with personal care. They told us, "I can't fault the staff they have all helped me."

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. Staff were very engaging with people throughout the day doing different activities. Some people liked to have a daily newspaper and we heard one person ask staff if they could read it with them, which they did. People like to have their hair and nails done and we saw staff sitting with people giving them a manicure and painting their nails. A relative told us, "There is always activities going on no matter what time we come even at the weekends. Throughout the day we saw staff engaging in different activities, these included games, art and craft and sitting talking with people. One person told us, "I like watching old time musicals on the television." The service planned activities throughout the week and also had external visitors coming into the service for example they have a weekly visit from a therapy dog. A relative told us, "They have a good time here, last week there was a dog show, and once when I came in the summer they were having cream tea and wine in the gardens." People were also supported with individual interests for example one person was supported to go bowling and to have trips out at least twice a week. Another person was supported to go out for walks to the local park.

The manager has recently joined the dementia alliance action group; they provide information on dementia as well as dementia friendly activities. For example access to a dementia friendly garden and information on dementia friendly shows at the theatre.

The manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. We saw where complaints had been received they had followed this procedure to resolve them. The manager also reviewed the complaints to see if there were any themes or links that needed addressing.

Staff spoken with said they knew about the complaints procedure and that if anyone complained to them they would notify the manager or person in charge, to address the issue. People we spoke with said if they had any concerns they would speak to the manager or any of the staff.

Is the service well-led?

Our findings

The service had a registered manager who was very visible within the service. The manager had a very good knowledge of all the people living there and their relatives.

People, their relatives and staff were very complimentary of the management. One relative told us, "The manager is very good, hands on, she won't stand for any poor practice." Another person we were speaking with gestured towards the manager and said, "She is very sweet, always has time for you."

Staff shared the manager's vision and values at the service, one member of staff told us, "We aim to help people be as independent as possible and for this to be their home." Another member of staff said, "We aim to make people feel at home, we listen to what they want and give them choices to make them happy."

People benefited from a staff team that worked together and understood their roles and responsibilities. One member of staff said, "We have a good team, we all work well together, I love my job and look forward to coming to work." Staff had regular supervision, appraisals and meetings with the manager to discuss people's care and the running of the service. One member of staff said, "We have regular supervision and staff meetings and senior meetings, we discuss everything to do with the running of the service." Staff felt the manager was very supportive to their roles and listened to their opinions. For example, staff told us how they had suggested working in teams with a senior and carers responsible for all aspects of care for groups of residents. They are currently trialing this new way of working but said so far it had been successful. This told us the management listened to staff opinions and acted upon them. Staff also had a handover meeting between each shift, to discuss any care needs or concerns that have happened and used a handover sheet to share information. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people's views on the service not only through meetings, but on a daily basis through their interactions with people. The manager also gathered feedback on the service through the use of questionnaires for people, relatives, visitors and staff. The manager carried out surveys every three months usually prior to a meeting so that the results could be discussed at the meeting and any issues addressed. For example menus would be discussed and altered or changed as agreed at meetings. People told us they were given choice about their rooms with regards to the decorations and furnishings. One person told us, "I choose this colour pink it's a bit bright but I like it, and all my matching bedding and curtains." A relative told us, "Being given choice about the rooms makes it feel more like they are living in their own home." This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

The manager was very thorough in sending notifications as required to the CQC and in making referrals to the local safeguarding authority. We saw that investigations had been carried out thoroughly. The manager followed their disciplinary procedures and dealt with staff poor performance appropriately.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on best practice against the regulations, this included people's care plans, medication management and the environment. The manager also carried out unannounced inspections at different times of the day and night to monitor staff practice, they used this inspection not only to commend good practice but also to identify areas that needed improvement. The manager was very keen to continually improve practice and the experience of people living at the service.