Larkfield With Hill Park Autistic Trust Limited

Poppies

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

This inspection took place on 19 and 20 October 2016 and was unannounced. We last inspected this service on 22 October 2013 and found that they were meeting the legal requirements in the areas we looked at.

Poppies is a residential care home that provides accommodation and support for up to six people with learning disabilities and/or those who are in the autistic spectrum. At the time of our inspection there were six people living at the home.

The home 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. The registered manager was approachable and supportive of people who lived at the home and of the staff team.

The provider had effective systems to safeguard people from avoidable harm. There were personalised and environmental risk assessments in place to reduce or manage risks posed to people, staff and visitors to the home. There was a sufficient number of staff who were trained and knew how to meet people's care needs. People's medicines were administered safely and they were supported to access healthcare services to maintain their health and well-being.

Staff understood the requirements of the Mental Capacity Act 2005 and sought people's consent before providing care and support. They were trained in areas that were relevant to the needs of the people who lived at the home. They were knowledgeable about people's care needs and they provided appropriate support to people. People had enough to eat and drink and they were provided with a choice of food, snacks and drinks as appropriate.

People were supported to express their views and be actively involved in making decisions about their care. Staff treated them with dignity and respect and encouraged them to maintain their independence, interests and hobbies. Staff were also respectful and friendly in their interactions with people.

People's needs had been identified before they moved to the home, and changes to people's needs were managed appropriately. People had personalised care plans that gave guidance to staff on meeting people's needs. They were supported by the staff team to take part in activities that were of interest to them.

The provider had an effective system in place for handling complaints. They encouraged feedback from people and acted on this to improve the quality of the service. They also had an effective quality monitoring process in place to ensure continual improvement of the service.

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 had individualised risk assessments in place that gave appropriate guidance on keeping them safe.

People's medicines were administered safely.

The provider had robust policies and procedures in place for the safe recruitment of staff.

There were enough skilled and qualified staff to meet people's needs.

Staff were trained in safeguarding and they were aware of the reporting process that were in place.

Is the service effective?

Good

The service was effective.

Staff were trained in areas that were relevant to the needs of the people who lived at the home.

Staff were knowledgeable about people's care needs and they supported people appropriately.

Staff understood the requirements of the Mental Capacity Act 2005 and sought people's consent before providing care.

People had enough to eat and drink. They were provided with a choice of food, snacks and drinks as appropriate.

People were supported to access healthcare services when required.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and approachable.

People were supported to express their views and be actively involved in making decision about their care.

People were supported to maintain relationships with their relatives and had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People's needs had been identified before they moved to the home, and changes to people's needs were managed appropriately.

People had individualised care plans that gave guidance to staff on meeting people's needs.

People were supported to maintain their hobbies and interests.

There was an effective system in place for handling complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

The registered manager was approachable and supportive of people who lived at the home and the staff team.

The provider had systems in place for monitoring the quality of the service provided.

Poppies

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 inspection took place on 19 and 20 October 2016 and was unannounced. It was carried out by one inspector from the Care Quality Commission (CQC).

Before the inspection, we review the service's completed Provider Information Return (PIR) which they had sent to us. A PIR 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 also reviewed the information available to us about the service, such as notifications. A notification is information about important events which the provider is required to send us by law.

On the first day of our inspection, we spoke with three people who lived at the home to gather their views on the quality of the service. However, these conversations were limited because people chose not to speak with us at length, or because of the nature of their disability. We therefore used the Short Observational Framework for Inspection (SOFI) to observe how care was delivered. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with three care staff members, an agency member of staff, a senior member of staff, a visiting healthcare professional and the registered manager.

We reviewed the care records and risk assessments for two people who lived at the home, and looked at three people's medicines and medicines administration records. We also reviewed the recruitment, training and supervision records for three members of staff, and reviewed information on how the quality of the service was monitored and how complaints were managed.

We spoke with three relatives of people who lived at the home on the second day of our inspection.

Good

Is the service safe?

Our findings

Some of the people who lived at the home were not able to tell us if they were safe because of the nature of their disabilities. Others chose not to speak with us but the ones gave us the 'thumbs up' when we asked if they were safe and happy living at the home. Another person said, "Yes," when we asked the same question.

The relatives of people who lived at the home and a healthcare professional we spoke with told us people were safe. One relative said, "[Relative] is very happy living there. [They] have been there for over [number removed] years and is well cared for. It is a small community over there and there's plenty of staff who check for safety. We have no worries." Another relative told us, "It [The home] is very nice, everybody seems comfortable. [Relative] gets lots of attention, well cared for." A healthcare professional added, "The service is safe, staff are responsive, engaged and open. They always put service users first and sought support if needed."

People's relatives' views and those of the healthcare professional we spoke with were echoed by members of the staff team. When we asked a member of staff if they felt people were safe they told us, "Absolutely, no one would do them any harm as far as I'm concerned and I have never witnessed or suspected any abuse. If I did I will tell the manager or whistle blow." Another member of staff said, "I think it is safe yes, they [People] are not able to go out unassisted so we have alarms on the doors so that they are not locked in."

The provider had an up to date policy on safeguarding which gave guidance on how safeguarding and related concerns were managed. We saw contact details for the agencies that staff could contact if they had any safeguarding concerns displayed in various parts of the home. Staff were trained on safeguarding and they understood how to protect people from potential risk of harm. A member of staff was able to tell us the types of abuse that could affect the people they supported and how they would go about dealing with any suspected or witnessed cases of abuse. They said, "We are trained on safeguarding. Abuse comes in various different forms like physical, financial and emotional. I will describe it as harm to service users. We make sure we are aware of the signs like unexplained bruising, changes in behaviour and [people] becoming withdrawn. We report concerns to the manager and high up if you don't get a response. We can also report to CQC but will hopefully get support here."

The provider also had a whistleblowing policy in place. Whistleblowing provides a way in which staff can report misconduct or concerns within their workplace without the fear of consequences of doing so. Staff were aware of the provider's whistleblowing policy and spoke confidently about it. One member of staff said, "We have a whistle blowing policy with a contact number on the notice board in lounge. I would whistle blow if I had to, I wouldn't have any hesitation if that was necessary."

People's medicines were administered as prescribed and stored in locked cabinets within their bedrooms. We were satisfied that staff were trained and understood how to appropriately manage people's medicines. A member of staff we spoke with told us, "We administer [People's] medicines. One member of staff administers and another checks that everything is done correctly afterwards. The system helps reduce the chances of medicine errors and I have never found an error. If I did I would call 111 [emergency services] for

advice and follow their guidance. I would also report it to [registered manager]." We saw that staff had received training to administer people's medicines and a review of three people's medicines administration records showed no unexplained gaps. A stock check of the same three people's medicines confirmed the correct amount of medicines were in stock.

People had individualised risk assessments to safely manage risks associated with their care. A member of staff we spoke with told us, "There are risk assessments for everything and every little change. [Person] had a physio assessment and as soon as that was done, a risk assessment was written out and given to everyone to read and sign. Risk assessments are well covered here, even using the bath is risk assessed, and [People] are involved in risk assessments, maybe not the writing of them but in getting them in place." People's risk assessments formed part of their care plans and covered areas such as using the stair lift, accessing day services, use of their medicines and kitchen based activities. Risk assessments provided guidance to staff on keeping people safe and were reviewed regularly to ensure they were still current.

In addition, the provider had carried out health and safety risk assessments to identify and manage risks posed to the people by the environment. These covered areas such as infection control, the building's exits and use of the stair lift. They identified hazards that could cause harm, those who might be harmed and what was being done to keep people safe. Emergency protocols were in place to make sure people were kept safe in an event of fire, flood and other unforeseen circumstances.

We saw that the provider carried out regular health and safety checks to ensure people's safety. They checks included regular water temperature checks to manage the risks associated with legionella in hot and cold water systems, tests of portable electrical appliances and fire system tests. A member of staff we spoke with told us, "We have fire drills every three months and all the service users are good with evacuating the building when needed. The staff also remember to take the [emergency] grab file [which contains instructions for staff on how to manage emergency situations]."

The provider had an effective policy in place to support the recruitment of new staff. We reviewed the recruitment records for three members of staff and found that the provider had carried out the required pre-employment checks. These checks included employee's identity checks, employment history checks and verification, and a health check to ensure potential staff were fit for the role they were being considered for. The provider also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People's relatives and members of the staff team told us the staffing levels were sufficient. One relative told us, "staff are very good, there is enough of them. They don't rush [People] and everything is done on time." A member of staff said, "We've been very lucky we have enough staff. We have some people [staff] off sick at the moment and they are covered by agency [staff] but I find I have enough time to do a proper job and not just rush." We reviewed the staff roster for the four weeks prior to our inspection and the week ahead of the inspection, and were satisfied that there were enough staff deployed at all times to keep people safe.

Good

Is the service effective?

Our findings

Relatives of the people who used the service and a healthcare professional we spoke with told us people's care and support was effective because staff were trained to meet people's needs. One relative said, "Staff are brilliant, they are very gentle and patient with [Relative]. They absolutely care for [relative]." Another relative told us, "Staff are excellent, there is an ongoing training process I believe." The healthcare professional we spoke with told us, "The care is effective yes, they complete all their mandatory training regularly and where they recognise the need for more training we deliver it to them." A member of staff we spoke with added, "The service is quite good here, everybody [staff] understands [People's] needs.

Staff were trained in areas that were relevant to the needs of the people who lived at the home. One member of staff told us, "I am very well supported and trained. The training made me confident in doing my job." We reviewed three staff training records which showed that training covered areas such as health and safety, safeguarding people, medicines administration, equality and diversity, infection control fire safety and food hygiene. We saw that staff were given the opportunity to complete national vocational qualifications such as; NVQs or Diplomas in health and social care. Staff were supported in carrying out their job roles by way of regular supervision meetings with the management team. They also received annual appraisals of their performance. One member of staff told us, "I have my supervisions every three months, I have also had an appraisal." Another member of staff said, "I have supervision at least every month. They are very good."

All staff had a probationary period and an induction at the start of their employment. This was confirmed by staff we spoke with and the records we looked at. A member of staff told us, "I had an induction week, we have a big folder and somebody went through it with me and it all got signed off. We all had to do [an induction program]." Another member of staff said, "Even during my probation I was never left alone. I was accompanied by more experienced staff. I never experienced situations that I couldn't deal with. There's always someone to talk me through things." One other member of staff told us they completed the care certificate as part of their induction.

People had enough to eat and drink. They were provided with a choice of food, snacks and drinks as required. A person we spoke with after they had their lunch told us that the food was nice and that they had enjoyed it. A member of staff we spoke with said, "They [People] have weekly meetings to decide what to eat for the week. They have good balanced nutritious meals and the portion sizes are very good. Fruits are also available." This member of staff further explained people's dietary needs and preferences around food and drinks. We observed that people were able to access food and drinks as much as they wished and they were supported accordingly. Weekly menus were in place and people's dietary needs, likes, dislikes and preferences around food and drinks were detailed in their care plans. We reviewed the previous three menus and found that people had a healthy and balanced diet that incorporated their individual choices.

People's healthcare records showed that they were actively supported to maintain their health and well-being. They had access to healthcare services when required and their known health conditions were recorded in their health plans. The service routinely monitored people's healthcare needs and supported

them to access the right health care services when changes occurred. A member of staff told us, "There is a diary where appointments are recorded and we take them [People] along to appointments with their GPs or dentist. There are no concerns with that , everyone [People] is supported well." We saw that people had interactions with healthcare professionals as appropriate and on the day of our inspection, there was a group of healthcare professionals who visited the home to review one person's care needs.

We also found that people were provided with equipment required to meet their care needs. For example, people who needed the use of a hoist for transfers had overhead hoist installed in their bedrooms to support this. There were also portable hoist, standing frames and a wheel chair that supported one person's posture available to meet people's needs. Where people lived with epilepsy, we found that radio monitoring devices were used to monitor seizure activity when they were in their bedrooms or in bed. This needed to be improved to ensure bed sensors were put in place to fully capture people's seizures when they were in bed in order for the right rescue protocols to be implemented. The registered manager told us they would liaise with the relevant healthcare professionals to put this in place. We noted that the kitchen was open plan and allowed easy access from the lounge and dining areas. The registered manager told us that this enabled safe and unrestricted access to people who used the service particularly those who used wheel chairs.

People's relatives and members of the staff team told us that people's consent was sought before any care or support was given. A relative said, "They always ask permission which is nice." A member of staff told us, "We always ask their [People's] permission, and give them choices and respect their decisions." We observed staff interactions with people and saw that they asked people's permission before they provided care or went into people's bedrooms.

The requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) were met. 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 were trained and they understood their role and responsibilities in supporting people around decision making. A member of staff told us, "I have done the face to face and e-learning training on the MCA. My general understanding of it is that people are assumed to have capacity until they are assessed not to. We give them [People] choices to make decisions and we respect their decisions." Assessments of people's capacity to make decisions had been completed in areas where it had been considered necessary.

The service could not safely meet some people's care needs without depriving them of their liberty. 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 management team had assessed whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act. They found that authorisations were required in some areas therefore applications were made to the supervisory body as required by the MCA.

Good

Is the service caring?

Our findings

People's relatives and a healthcare professional we spoke with told us that staff were pleasant and caring towards people who used the service. One relative said, "All the staff are very nice, everyone [People] seem comfortable there, we have no complaints. It is the best place for [Relative], they get lots of attention." Another relative told us, "Staff are brilliant, they do everything gently. They all are like a family over there. They absolutely care for [Relative]. [Relative] has everything and more. If I had to go somewhere [a home] I would love to go there. If I could give them a gold star I would give them ten. If only all the other homes were like them." The healthcare professional said, "Staff are really caring, they always put their service users' needs first. They make sure they make referrals to us [healthcare service] if they are worried about service users."

The atmosphere within the home was lively and welcoming. Staff had developed positive relationships with people who appeared comfortable and at ease in their company. We also found the interactions between staff and people to be positive. Staff were patient, supportive and understanding of people's needs. They spoke with people appropriately and called them by their preferred names. People were well presented and appeared well cared for. A member of staff we spoke with told us, "At Poppies we deliver a good service, we are all supportive of the service users. We have time for everybody. We all get on together which gives a nice family feel to it."

Staff were knowledgeable about people's care needs and preferences. A member of staff we spoke with told us, "They [People] have their preferences and we respect that." This member of staff further explained specifically how each person who lived at the home liked to spend their time and how they liked to be cared for. Their explanation and our observation of the way people were supported correlated with the information contained in people's care records. This affirmed their knowledge of people who lived at the home.

Staff understood the importance of promoting people's independence and actively encouraged people to be as independent as they could. We observed staff supporting one person to lay the tables before lunch and another person loading the dishwasher after. A member of staff we spoke with told us that supporting people to be independent was one of the ways they promoted people's dignity. They told us, "We encourage them [People] to do as much for themselves as they can." In addition, people were supported to maintain relationships with their families and loved ones. Their relatives were able to visit them when they wanted without any restrictions on visiting times. A relative we spoke with told us, "Yes, they are happy for us to come visit anytime."

People's relatives and members of the staff team told us that people's privacy, dignity and choices were respected. A relative said, "There is a great deal of respect there which is nice. They have a couple of people who also want to know what is going on and that is policed carefully." Another relative told us, "They [Staff] absolutely respect [Relative]. They take their time and give [them] plenty of time because that's how [they] like things done."

A member of staff told us, "We give service users choices and respect their decisions. They have choices over meals, what to wear and what to do like holidays and day trips. They have the freedom to do what they want to do and we make sure they are safe." Staff also understood how to maintain confidentiality by not discussing people's care needs outside of the work place or with agencies that were not directly involved in people's care. We also saw that people's care records were kept securely in the registered manager's office. We saw a member of staff locking the office door as they left and when we asked why they said, "We have to make sure the door is locked when no one is in the office to protect service users' confidential information which are all kept in there."

People were supported to express their views and be actively involved in making decision about their care. Some people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. Some people had support from independent advocacy services. Information about advocacy services was displayed on a notice board within the home.

Good

Is the service responsive?

Our findings

The service was responsive because people's needs had been identified before they moved to the home, and changes in people's needs were managed appropriately. This was confirmed by records we looked at and by the relatives of people we spoke with. One relative said, "They know [Relative] very well, I truly cannot fault them." We saw that assessments of people's care needs had been carried out to identify the level of care people required, and to determine if the home could meet people's care needs safely. These needs assessments formed the basis upon which people's care plans were developed.

All the six people who lived at the home had individualised care plans in place. These care plans clearly detailed people's health and care needs, their history, preferences, interests and hobbies, and they held detailed guidance for staff on providing care to people in a person-centred way. We saw that people, their relatives and relevant healthcare professions were involved in the development of people's care plans. Changes to people's needs were also captured and detailed as necessary. We were told by relatives of people, staff and healthcare professionals that people's care needs were formally reviewed at least twice a year or before if required. One we spoke with said, "Our views are taken into consideration when we attend the care reviews twice a year." Another relative told us of the changes in the relative's needs and the service's response. They said, "They are very good to [Relative], they installed a stair lift because [Relative] was ill twice and struggled with the stairs. [Relative] has their own wet room and they help [them] to have personal care twice a day because that is what [Relative] needs." The healthcare professional added, "They are responsive to changes in service users' needs and they make referrals [as appropriate]."

People's quality of life was supported by the service by encouraging them to take part in activities that were of interest to them. The registered manager told us about funding that had been provided to enable the provision of one to one staff support of people to take part in activities both within and outside of the home, which had a positive impact on people. On arriving at the home on the day of our inspection we found that all but one person were out in the community taking part in activities. People later on returned with the staff that supported them. One person had been swimming and others went to various places within the community such as day services. The atmosphere in the home at the time of people's return was upbeat and very pleasant which indicated people had enjoyed their activities. A relative we spoke with told us, "They are very supportive over there, they arrange holidays, outings to see shows and all sorts."

The provider had a system for handling complaints. People's relatives told us they would raise concerns with the registered manager if they had any. One relative told us, "I don't have any complaints, I will speak to [Registered Manager] it I had any." We saw an easy read complaints poster had been placed by the entrance to the home advising people and visitors as to who they could raise concerns with. This was alongside the visitors' feedback forms which could be used to raise any concerns. We reviewed the service's complaints records and saw that complaints were addressed in a timely and appropriate manner.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. People's relatives commented positively about the registered manager. They told us that the registered manager provided stable leadership for the service. One relative told us, "[Registered manager] is very good, she's excellent." Another relative said, "I am in contact with [registered manager] and she updates me on how [relative] is regularly. If there are any issues she phones up."

The healthcare professional we spoke with and members of the staff team equally spoke highly of the registered manager. The healthcare professional told us, "[Registered manager] provides strong leadership and support. Our communications with her filter through to the rest of the team." A member of staff said, "[Registered manager] is really good, really supportive and has a good rapport with staff and with service users. She has been with the company since 1997 so she is really knowledgeable and approachable." We observed the interactions between the manager, the people who lived at the home and staff. We found these to be supportive and caring. People and members of the staff team were able to approach the registered manager freely when they needed to.

Staff were knowledgeable about their roles and responsibilities. They were engaged and involved in the development of the service by way of regular team meetings. A member of staff we spoke with told us, "We have staff meetings on the last Tuesday of each month. The meetings are good because we discuss any issues that are going on. We all give our opinion and in the end come up with an outcome." We reviewed the minutes of the staff meeting held on 27 September 2016 and found that the areas discussed involved the needs of people who used the service, safeguarding, health and safety and training. The provider had a set of values which were embedded in staffs' working practices. These values included staff being caring towards people who used the service, staff being confident about the provider and its future, staff being principled in driving a high standard of service and staff being passionate. We found that a list of these values was placed on the office notice board as a reminder to the staff team.

People who lived at the home were also involved in developing the service. Weekly 'Service Users' meetings were held as a way of supporting this. We reviewed the minutes of the meeting held on 16 October 2016 and found the topics of conversation included; the fire procedure, activities and food. Annual satisfaction surveys were also carried out to give people and their relatives the opportunity to formally feedback to the provider about their experiences of the service. We found the feedback provided from the survey carried out in 2015 was positive, with people and their relatives saying they were satisfied with the level of service.

The provider had a robust quality monitoring process in place. This included monthly and three monthly audits carried out by the home's management team in areas such as people's finances, medicines, health and safety, people's care plans and infection control. These audits were designed to pick up on any shortfalls within the service provided and address them to ensure continual improvement of the service.