

# The Edmund Trust

# The Poplars

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

The Poplars is a residential care home providing accommodation and personal care to five people in an extended family house. It offers respite care to adults, all of whom have a learning disability. On the day we visited the home there were four people staying there.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People were happy having respite stays at The Poplars and relatives praised the service for the support it gave them and their family members. One relative said, "[The Poplars] is run on a small scale, where [people] are individuals with special needs, and are looked after individually by [staff] who love to work there. My [family member] loves going there and looks forward to [their] visits."

Staff knew how to keep people safe from avoidable harm and abuse; gave people their medicines safely and followed good infection prevention and control procedures. The provider ensured that lessons were learnt when things went wrong.

Staff had undertaken training and received support from senior staff to ensure they could do their job well. People enjoyed food that they had chosen.

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

People received kind and compassionate care and staff respected people's privacy, dignity and independence. People were involved in all decisions about their care.

Each person had a fully person-centred support plan, which guided staff on the support the person wanted. Staff offered people a wide range of opportunities to try new activities or do things they had previously enjoyed. People were confident their views would be listened to and complaints would be addressed.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (report published 18 June 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when, to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# The Poplars

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

The Poplars is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period of notice of the inspection. This was because, as a small respite service, people are often out or there is no-one staying there. We wanted to be sure there would be people at home to speak with us.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We asked for feedback from the local authority and professionals who work with the service. We used the information in the provider return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff: the two registered managers and two support workers. We looked at a range of records. This included support plans, medicine records and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received 16 comment forms via the CQC website. Five were completed by relatives; three by external professionals; and eight by staff. We have used some of their comments in the report.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to manage medicines properly and safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made enough improvement at this inspection and they were no longer in breach of regulation 12.

- Staff managed medicines safely and gave people their medicines as the prescriber intended. Medicine storage was secure and at the correct temperature and staff audited medicines weekly. The registered manager regularly checked staff's competence to give medicines correctly.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe when they were staying at The Poplars. Two people were able to tell us that they felt safe and we could see, from all four people's body language and facial expressions, that they were happy to be at the home. One person said, "It's good here, peaceful and I feel safe because it's quiet."
- The provider had systems in place to protect people from abuse and avoidable harm. Staff had undertaken training and were confident about what they should look out for and to whom they should report any concerns.

### Assessing risk, safety monitoring and management

- In the PIR the provider told us that the assessment of potential risks to people was carried out. They wrote that risks were openly discussed in staff meetings 'to look for better ways to reduce risks but not stop independence or activity.'
- Staff undertook regular checks of all equipment and systems in the home, such as the fire safety awareness system, to make sure people, staff and visitors to the home would be safe.

### Staffing and recruitment

- Staff told us there were always enough staff. Relatives were fully satisfied that there were enough staff to support their family members with their personal care and to do what they wanted to do.
- The provider's recruitment policy ensured as far as possible that new staff were suitable to work in the home. One member of staff told us the process they had gone through and that all required checks had been carried out. They said, "I had to wait until the DBS (Disclosure and Barring Service record check) was

back."

#### Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection. For example, they used gloves and aprons appropriately and kept the home spotlessly clean.

#### Learning lessons when things go wrong

- The registered managers told us about the learning from a recent incident. Systems and processes had been put in place to ensure that the service had been updated about any changes in a person's circumstances. People and their families were asked for updates prior to every stay.
- Staff used reflective practice sessions at staff meetings to make sure they all learnt from anything that had happened.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before the registered managers offered them a service at the home. This was to make sure that the staff team could meet the person's needs. Support plans were developed to ensure staff knew how the person wanted the staff to support them.
- Each person was introduced slowly to the home. They were invited to tea, and then for an overnight stay, as many times as the person wanted until they felt comfortable. Once the person had settled in they could have longer stays based on the respite service agreed with the local authority.
- The registered managers ensured that staff delivered up to date care in line with good practice and that the home had equipment available that would enhance people's care and promote their independence.

Staff support: induction, training, skills and experience

- Staff were very happy with the training they were offered. They felt it gave them the skills, knowledge and confidence to do their jobs well and support people effectively. One member of staff said, "I get more than sufficient training." Another told us, "The training I receive is excellent. As well as the mandatory training we have additional training specific to the individuals we support."
- Staff felt very well supported, both by the registered managers and by each other. All those we spoke with or who wrote to us told us how much they liked working at The Poplars and how well they worked as a team. One member of staff said, "I have always found management very approachable, motivational and flexible in giving me support in my role."

Supporting people to eat and drink enough to maintain a balanced diet

- Each person's likes and dislikes, as well as any allergies or food sensitivities, were recorded in their support plans. This meant that staff could provide a meal the person would like on the day they arrived for their respite stay. People were then asked about their preferences for meals if they were staying more than one night.
- People told us they enjoyed their food. The meal time was a sociable occasion, with lots of chat about what people had been doing during the day and how they wanted to spend their evening.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with a number of other services so that people received effective, seamless care and

support. People continued to attend their regular day centres, clubs and colleges while they were staying at the Poplars.

- People were mostly supported by their parents or carers to access healthcare services. However, staff called in external professionals such as the GP and district nurse if the person needed their services during their stay.

Adapting service, design, decoration to meet people's needs

- Each person had a single bedroom with ensuite shower facilities when they stayed at The Poplars. A lift had been installed so that people who could not use the stairs were able to access the upstairs bedrooms. A downstairs bedroom is provided for people with poor mobility if needed.
- Staff were justifiably proud that they had worked with people, their carers and the local community to raise money to extend the dining room. They had succeeded in raising the funds and the work had taken place. The room had become a large space where everyone could eat comfortably together and other activities could take place. Large glass doors opened onto the garden.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff knew how the MCA and DoLS applied to their work. One member of staff said, "[The MCA] is about making sure you give people choices: just because someone can't speak doesn't mean they can't choose."
- Staff talked to each person about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a warm, friendly atmosphere in the home and staff were kind and caring. They welcomed each person as they arrived, either from home or from their day placements, and gave them as much time as they needed to talk about their stay.
- People told us and showed they were happy to be staying at The Poplars. One person said, "The staff are nice and they keep me safe." Another person told us, "I'm happy to be here. The staff are friendly and I make friends here. There's no room for improvement – it's good as it is."
- People's relatives made very positive comments about the staff. One relative said, "All staff are invariably efficient, helpful, kind and compassionate. The care they give our [family member] is faultless – excellent in every way." Another relative told us, "Support workers at Poplars have been amazing, supportive and responsive and have gone above and beyond. My [family member] loves [their] respite at Poplars."
- Staff communicated with each person in the way that person preferred. We could see that people had good relationships with the staff. They were comfortable with the staff and enjoyed their company.
- Staff treated people equally and without discrimination. In the PIR the provider told us that staff had received training in equality and diversity and that people's individual needs were recorded in their support plans.
- Staff considered people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to have their diverse needs met.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives/carers were fully involved in making decisions about their care and support. The registered managers sent a letter to each person (or their relatives as appropriate) before their stay to ask if there were any changes in their care and support needs.
- Staff knew people well and knew their likes, dislikes and how they wanted to be supported.
- In the PIR the provider told us that staff spent time talking with people about other services they might be interested in. Where appropriate, staff spoke with people about advocacy services. An advocate is independent and supports the person to express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy and dignity. Personal care was offered discreetly and

carried out in private.

- Staff encouraged and supported people to do as much as they could for themselves. People helped staff with household chores. While we were there, people helped to set and clear the dining table. One person liked to access the kitchen and make themselves a drink.
- Many of the people who visited The Poplars liked the time away from their usual environment. A member of staff told us, "It gives people the chance to just be themselves and do what they want to do."
- Although visitors were welcomed at The Poplars, a lot of people were happy to be away from their usual environment, having fun with the staff and doing different things than they did at home. Relatives for the most part made the most of the break from their caring responsibilities and understood the advantages of everyone having a break from each other.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person who stayed at The Poplars had a fully person-centred support plan, which detailed their preferences about the way they wanted staff to give them care and support. This was initially developed from the assessment completed before their first stay and then amended as staff got to know the person. The registered managers wrote to each person prior to the person's next stay to check if there had been any changes.
- Staff worked with people and their families to try and find out as much about the person as they could. This included the person's likes, dislikes and if there was anything they wanted to do during their stay.
- The registered manager told us how the support provided by the staff had responded to people's needs "above and beyond the respite service". This included assisting people and their families to complete benefit applications; applying for bus passes; and giving advice and guidance on a range of things such as day services and clubs that might suit their needs.
- Staff supported people to do a wide range of activities. Some people continued with their usual routine, such as attending a day centre or college. For other people, they did things they had not had the opportunity to do before.
- Some people had developed new skills whilst staying at the home. The provider wrote in the PIR, 'We are proud of all the small things people achieve on a day to day basis, such as learning to put their plate in the dishwasher, buying their own drink while out or remembering the bus route.' The registered manager told us about one person who had learned to cook Yorkshire puddings. They said, "[Name] was so proud because [their relative] gets them out of a bag."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with each person in the way that person understood best. In the PIR the provider said they asked external professionals such as the speech and language therapist for support when they felt the person would benefit from this.
- The provider had set up a 'people's action group'. Accessible communication was discussed in this group and any new documents, such as support plans or health action plans were looked at to ensure the wording

was appropriate. A number of documents were available in easy-read format if the person preferred.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints process in place which was clearly displayed. In the PIR the provider told us, 'Good relationships with people help develop a culture where people feel comfortable that they can complain, and it will lead to improvements [in the quality of the service provided].' One person told us they had nothing to complain about but if they did, they would talk to any of the staff.

#### End of life care and support

- The registered manager told us that, as a respite service, they have not been involved in directly providing care to anyone at the end of their life. However, they were developing end of life plans and if they were asked to provide care to someone at the end of their life they would access appropriate training for staff.
- Staff have, on occasion, provided additional support for families who were in crisis due to the end of a family member's life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were very satisfied with the service that was provided by staff at The Poplars. One relative told us, "Our [family member] loves being there; [they] can't wait for each visit." Another relative said, "Our [family member] and we have a good relationship with the staff. We trust the staff and think the home is well-managed. We are very grateful for the support The Poplars gives us."
- All the staff we spoke with or who wrote to us told how much they enjoyed working at this home. Many of them had worked there for a long time. One member of staff said, "We work in a person-centred way with the person and their family to enable each person to reach and maintain their full potential." Another member of staff told us, "It's a pretty good, all-round team. We all bring our own skills – we can be super-heroes. We work as a team and all get along. We give people the chance just to be themselves."
- The registered manager told us how they worked openly with people's families. This had involved conversations with parents who worried about not being told everything about their family member. They said, "[Parents] see people change and realise [the person has] their own life away from their parents." One person had asked the staff to contact them directly, not their parents.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted transparency and honesty. She had a policy to openly discuss issues with relevant parties if anything went wrong. Relatives confirmed that staff communicated with them well.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- This service had two registered managers. They explained they shared the role to ensure that nothing was missed. The registered managers demonstrated good leadership and managed the home well, with good support from the provider. They were fully aware of their legal responsibilities, including appropriately notifying CQC of any important events.
- Staff felt they received good support from the registered manager. They had regular supervision sessions.
- The registered managers told us that the provider, following consultation with everyone involved in their services, had recently produced a revised set of values. The registered managers said, "These underpin

everything we do. We are rolling out [staff] objectives through supervision and performance reviews." Staff were fully aware of their responsibilities to work within these values.

- The provider had a quality assurance system in place to ensure that staff continued to give high-quality care. Staff and the registered managers carried out weekly and monthly audits.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered managers encouraged everyone involved with the home to express their views on a day to day basis about the running of the home. The provider sent an annual questionnaire to each person who stayed at the home and their families. They collated the responses and developed a 'You said, we did' poster. This showed any improvements or changes that had happened as a result of the questionnaire.
- Each person was asked to fill out a form at the end of each stay so that they could tell the registered managers what they had liked or not liked. This was used to develop plan for their next stay.
- People were very much part of the local community. They used local facilities such as parks, shops, pubs and restaurants. The staff also organised events in the home, such as a weekly coffee morning, to which they invited everyone in the local community.

Continuous learning and improving care

- The registered managers told us the staff team was always trying to make things even better for people. They had recently identified that incidents could have been categorised more clearly to aid evaluation and learning so the provider had changed the computer system.
- The registered managers kept up to date with current research and good practice, which they cascaded to staff to ensure that people were given the best possible care and support.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as GPs, other health care professionals, the local authority and people's clubs, day centres and colleges they attended. This was to ensure that people received joined-up care and support.