Appcourt Limited

Poplars Care Home

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

Overall summary

Poplars Care Home provides accommodation and personal care support for up to 27 older people. It does not provide nursing care. There were 23 people living in the service at the time of the inspection.

The last inspection on the 24 April 2013 found the registered provider had met the regulations we checked.

This inspection visit was unannounced and took place on 20 and 23 February 2015.

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.

The provider had taken appropriate steps to keep people safe and had risk assessed the needs of each individual. The staff had information and training on recognising and reporting abuse and knew what to do if they felt concerned about anyone's wellbeing.

People were given the support they needed to take their medicines and to stay healthy.

Summary of findings

People's care records were relevant to their individual needs and staff checked these on a monthly basis, or sooner, to make sure they had all the correct information about each person. This helped them safely support and care for them.

People and their relatives or friends, where appropriate, were involved in aspects of their care. We saw evidence that people's opinions were obtained on how they wanted to be supported and their personal preferences were clearly recorded.

People's views were sought on a one to one basis, in a group and through completing satisfaction questionnaires.

There were sufficient numbers of staff working in the service and the provider carried out detailed employment checks on new staff before they started working with people.

Staff received ongoing support and training relevant to their roles and responsibilities.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). There were some restrictions in place for people's safety, for example the front door was locked and the use of bed rails, which had been assessed and the relevant forms had been submitted to the local authority for them to assess what decisions were in each person's best interests.

People told us they knew about the provider's complaints procedure. They were confident the provider and the registered manager would respond to any concerns they might have.

Effective systems were in place to monitor the quality of the service and to make improvements where necessary.

Summary of findings

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 using the service told us they felt safe. The staff had training and information on recognising and reporting abuse.

People's care needs had been assessed and there were up to date plans in place to support people where they experienced risks.

There were enough staff to meet people's needs and the provider carried out checks on new staff to make sure they were suitable to work in the service.

People received the medicines they needed safely and were given the support they needed to manage their medicines.

Is the service effective?

Good

The service was effective. People were supported by staff who had the necessary knowledge and skills. Staff had received one to one support through supervision and appraisals of their work.

The provider acted in accordance with legal requirements in relation to Deprivation of Liberty Safeguards (DoLS) which provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

People had enough to eat and drink and this was monitored by staff.

Health care needs were identified and people had access to the healthcare services they needed.

Is the service caring?

Good

The service was caring. People using the service and their relatives and friends commented positively on the staff working in the service.

People were supported in a kind, friendly and caring way. The staff treated people with respect. People were able to maintain their privacy and dignity.

Is the service responsive?

Good

The service was responsive. People using the service were involved in making decisions about the care and support they received.

People's care records gave a clear picture of their individual abilities and needs and people were involved in the development of these records.

People were informed on a regular basis how to make a complaint and who they could talk with if they had a concern. The provider had procedures for responding to complaints. Systems were in place to monitor complaints and review how they had been dealt with.

Is the service well-led?

Good

The service was well-led. There was an open and positive culture where staff and people felt involved. The registered manager and provider managed a professional and caring service.

Summary of findings

There were systems for monitoring the quality of the service and the staff completed regular audits to identify how they could improve people's care.

Poplars 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 checked 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 20 and 23 February 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we reviewed the information we held about the service, including statutory notifications the provider sent to the Care Quality Commission (CQC) regarding significant incidents in the service.

During the inspection, we spoke with eight people using the service, two visitors and one relative. We also spoke with the registered manager, director, administrator, six care staff, the housekeeper, an activities co-ordinator, one volunteer, the hairdresser and the cook. We also looked at the care records for six people using the service, three staff employment records, the complaints records and other records relating to the management of the service, including audits carried out by the provider and the registered manager.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. A friend of a person using the service confirmed, "I feel (person's name) is safe living here and I visit regularly." There were locks available for bedroom doors and bedside cabinets for those people who wanted extra security. The activities coordinator met each person approximately every three months, to give them information on how to be aware of abuse and the procedure for reporting concerns to staff. These materials were available in simple/easy read formats and comments from people confirmed their knowledge and awareness of these issues which promoted their feeling of safety and security.

The provider had systems in place to protect people using the service. Staff told us they had been trained in safeguarding and the training records confirmed this. The staff were all able to provide definitions of different forms of abuse. They were aware of the provider's policies and procedures on safeguarding and whistleblowing and all said they would report concerns or suspicions of abuse or neglect to their team leader, the registered manager or external agencies such as the Police or the local authority.

The copies of the safeguarding and whistleblowing policies were available in the office. The safeguarding file contained information on the procedure to follow if a safeguarding alert was raised. The safeguarding records showed a clear record of events and the progress of each case with updates and outcomes.

There was a system for managing people's money and we saw that the procedure and paperwork was properly documented with separate and distinct records for each individual, noting all monies in and receipts to account for all expenditure.

There was a comprehensive assessment of risks and hazards. These looked at various areas of a person's life for example, identifying if there was a need to use bed rails, risks of falls, behaviour that presented challenges to the person and staff and risks of developing pressure ulcers. For each risk identified there was action required to minimise the risk to the person. These were reviewed at least once a month, or sooner, if the person's needs changed.

People who were at risk of developing pressure ulcers had photographic evidence and body maps completed for any wounds and the detail was well documented and dated. Referrals to the tissue viability nurse (TVN) were made where necessary. Clear records on the progress, including a record of the outcome were seen in people's care plans.

Plans were in place to deal with emergencies and emergency telephone numbers were in the office. Staff received basic life support training, with senior staff receiving more in-depth first aid training.

The provider ensured there were enough staff to meet people's needs. People and visitors said they considered there were usually adequate levels of staffing. One person told us, "I have used the call bell and staff come quickly to see what I need."

We observed that there were enough staff on duty to attend to people's needs. People's dependency levels were reviewed on an ongoing basis so that the director and registered manager could monitor if staffing levels needed to be increased. Staff told us that they generally thought there were enough staff working on each shift.

The two week staff roster we viewed for February 2015 clearly showed the staff who were working in the service and where staff were completing training or on leave. The service did not use agency staff and so people were supported by consistent and familiar staff. The staff team consisted of a mix of senior and junior staff, with each shift always having a senior member of staff in charge. Staff had a range of experience with some having worked in the service for several years whilst others had joined in the last twelve months.

The provider had detailed recruitment checks in place. This included carrying out, or obtaining the checks made on college students and volunteers, to minimise the risk to people using the service. One staff member confirmed they had gone through detailed recruitment checks, such as providing proof of identity, completing an application form with a full employment history prior to working in the service and Disclosure and Barring Service (DBS) checks which we saw on the staff files we viewed.

There were arrangements in place for the management of people's medicines. We saw detailed risk assessments for people where they could self- administer their medicines. One person said, "I choose to look after my own medicines and keep them safely locked away." They also told us, "Staff make sure I am taking them and would help me if I wanted help with the ordering of my medicines." Senior staff

Good

Is the service safe?

administered medicines to people and they told us they had received training to carry out this task effectively. Training records confirmed that staff received training on this subject. All medicines, including controlled drugs, were stored securely and checks on the medicines and records were carried out by senior staff and the director or registered manager. The last audit was carried out on the 30 January 2015. We checked two people's medicines and records and found these to be correct at the time of the inspection.

People lived in a service that had good infection control procedures in place. The areas of the service we saw were clean and tidy. One person said, "My room is cleaned well," and a relative confirmed that the service was clean and free from odours. The bedrooms had en-suite toilets and handbasins and those inspected were clean. Staff wore protective aprons and gloves when delivering personal care. There was colour coded cleaning equipment for different areas in the service and there was a locked cupboard containing cleaning materials.

Good

Is the service effective?

Our findings

Comments about staff were positive and included, “The staff are very helpful” and the “staff are kind”. One relative told us that people using the service were, “very well looked after”.

The provider ensured that new staff went through an induction prior to working unsupervised with people. Staff said they had spent time shadowing experienced staff before they worked alone. One new member of staff was going through the induction period which they felt to be “comprehensive and structured”. Training plans were also in place to make sure staff received refresher training on core subjects such as moving and handling and fire safety awareness. The training plan also identified which members of staff needed to complete training so that staff maintained their knowledge and skills relevant to the work they carried out. Two staff said they had also received additional training relevant to their work such as dementia training and nutrition training for the cook. The provider also supported staff to study for qualifications in health and social care and staff confirmed they had the chance to study for relevant qualifications. Training was provided in different formats to help staff gain the information and knowledge they needed to support people safely. This included watching DVD’s and answering questions after this, face to face learning and in-house discussions.

People were cared for by staff who received support and guidance through staff meetings, supervision sessions and annual appraisals. One staff member said, “We have a weekly review meeting with the managers to discuss progress which is very useful.” Another staff member told us “The managers here are very supportive and we can go to them at any time.” We saw that annual appraisals took place and a staff member commented, “Annual appraisals allow us to see how to develop and how we can improve as well as discussing any concerns and talking about training that might be coming up that we want to do.” We saw a sample of supervision records which confirmed staff received both one to one sessions and group supervision.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005. DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The registered manager and director were aware of their responsibilities in making sure people were not restricted without being assessed as lacking capacity and that this was in their best interests. We saw the director had submitted applications to the local authority for authorisation where people’s liberty was restricted in the service. For example the front door had a code which prevented people from freely leaving the service. Other restrictions included some people had bed rails to prevent them from falling out of bed. Six people had already been assessed and approved by the local authority and the director was clear that he also had to notify the CQC of the outcome of each DoLS application.

Training records showed that staff completed training on DoLS and the Mental Capacity Act 2005 (MCA). Staff we spoke with were aware of not placing restrictions on people and said they “encouraged” people to make daily decisions such as whether they got up from bed in the morning and what time they went to bed. One staff member said “We do not make people do anything that either they haven’t agreed to or that has not been assessed.” People’s capacity was assessed on an individual basis and based on specific areas of their lives and involvement was evident throughout all the care records we viewed. Consent forms were in all care files and signed by the person and/or their relative and senior staff or the registered manager.

The provider considered people’s individual food preferences and catered to those needs. The majority of the feedback was positive and people liked the food and the choices they were given. One person told us, “There’s a very good variety of food”, however, a second person said, “The food is variable and is sometimes cold.” This was brought to the director’s attention and on the second day of the inspection we observed the meals being served quicker and the cook informed us that he had warmed the plates before serving the food. All food was freshly prepared at present though there were plans to introduce pre-prepared lunches in March. We saw records from January 2015 of the food tasting sessions which recorded people’s feedback on the pre-prepared lunches. The director told us that people had been given the opportunity to taste samples of these meals and had approved of them, which the records confirmed. People would still also have choices of food available to them and this new way of providing meals would be monitored to ensure it was meeting people’s needs and expectations.

Good

Is the service effective?

The nutritional status was assessed for every person and there were records of this in all the care plans we reviewed. These were updated each month and any risk of malnutrition was recorded and appropriate measures were documented. People were weighed every month and we saw appropriate records of regular weight monitoring in people's care files.

We saw water and juice available throughout the day and other drinks on request. Staff recorded people's food and fluid intake.

People's health needs were recorded in their care records and they saw a variety of healthcare professionals. One person confirmed they saw an optician and GP when they needed to. People, including people on short respite stays in the service, were registered with a local GP practice. The director said that learning from previous admissions, each person would be registered within 48 hours of moving into the service. Visits from health care professionals were recorded and were well documented with the reason for the visit and any action taken. On a monthly basis staff also took people's blood pressure, pulse and temperature to check on their general well- being.

Good

Is the service caring?

Our findings

People and the visitors spoke positively about the staff. One person told us that staff checked on them at night to make sure they were warm and comfortable. A second person said, “This is a very nice place, the nearest you’ll get to home. The staff are very good and the manager is very gentle and friendly. I can’t think how it could be better.” A third person commented, “The staff always knock on the door before they come in, they’re very respectful. I go to bed and get up when I want. The staff are very good you can’t fault them.” A relative was complimentary about the staff and said, “The staff always make me feel very welcome.”

All staff wore name badges and uniforms so they could be easily identified. The atmosphere was relaxed and interactions we observed were positive with staff showing a genuine interest in people. We heard staff asking people about their previous employment and encouraging people to reminisce about their lives. We saw one person who was agitated and upset and one staff member handled this very well, speaking gently to the person, distracting them by making them laugh and generally defusing the situation. Staff were pleasant and unhurried with people and we saw they offered people choices, helped them to mobilise carefully and communicated clearly.

The care records demonstrated that people were involved in making decisions about their daily lives. For example, people could decide on the meal they wanted and change their mind on the day and be offered an alternative. If they wanted to eat in their bedrooms or at a different time we saw evidence that people had these options. People’s preferences regarding how they liked tea or coffee were noted and were all signed by the person using the service, the cook and care staff.

People’s personal routines were also recorded, such as, their preferred times for getting up and going to bed. Staff also told us that if someone changed their minds and wanted to do something different to their usual routine then this was respected and followed. People’s care records also asked people about the gender of staff who supported them with their personal care and this was respected.

At lunchtime staff were calm and patient when supporting and encouraging people to eat their meals. Staff knew who needed extra support and we saw them help one person focus on eating their meal rather than wandering around the room and missing out on their food.

There was a range of written information for people. Details were around the service about making a complaint and safeguarding and there was a menu on display. Activities were also noted so that people knew what was taking place each day.

The registered manager and director said that people could access the community advocacy services, and one person had an advocate. All the people using the service had relatives and friends who visited them and the majority of people could speak up for themselves if they had any issues. The director confirmed he would check with the local advocacy services to see if they had any advocates for potential future requests and ensure information was more widely available for people to see around the service.

People told us they were able to make choices about what they did and how they spent their time and they had the information they needed to do this. While some people came to the lounge, others chose to stay in their rooms. People were supported to maintain contact with family and friends. One person told us, “I see my friends whenever I want to.” Another person said they had a telephone and could call friends as and when they felt like a chat.

Good

Is the service responsive?

Our findings

People confirmed they were always asked about their personal likes and dislikes. The relative we spoke with had seen the care plan for their relative and discussed any changes with staff or management. They told us that "I'm always informed if there's any problems or change in (person's name) condition."

People's needs were assessed prior to moving into the service. The assessments considered any particular needs, such as religious needs, dietary requirements and the support they required. A summary of people's needs once they moved into the service was also developed to easily highlight people's needs and give new staff a quick reference to the person's abilities and support needed.

People's care plans were informative, detailed and outlined clearly the support the person needed and what tasks they could do for themselves. Different areas of a person's life had been considered including their mobility, personal care and communication needs. Staff had also considered people's interests and preferences such as how often they want staff to check them at night which was agreed by the person. A record of important events, for example noting any recent falls or if a person had received a flu jab was recorded on each file. A map of the person's life was also on file which noted, if they agreed to commenting on, their life history, family background, hobbies, aspirations, memories and end of life wishes. We saw the person using the service had signed their care plans showing they were part of the process and had agreed to the contents.

Monthly evaluations were completed for all care plans and contained details of any changes to people's care needs. We saw that concerns about weight loss had been noted in some cases, as well as updates to the progress of people in relation to pressure areas or their behaviour. There were six monthly reviews held with the person and if they agreed their relatives or friends. This enabled staff to check with the person that the support and care they received was meeting their needs.

A range of activities and exercises were offered for people to engage in. For example quizzes, outings to the high street and one to one discussions took place. The director's dog visited the service every day and people could meet the dog and spend time stroking it. People were seen with their magazines and newspapers and some sat with each other near the garden to see the birds. We saw that the television was not always on and in the garden area of the lounge where there was no television classical music was playing at times throughout the inspection. People from the local community places of worship also visited the service. Several people were complimentary about the regular hairdressing and nail painting services available. The hairdresser visited the service each week and people could book appointments as they wished. Their preferences with regard to this were well recorded. We saw people joking and laughing with the hairdresser who had been visiting the service for several years and knew some of the people well.

There were procedures in place to manage complaints. One person told us, "If I had a complaint I would talk with the staff." We saw records showing that people had the opportunity to express concerns or complaints and understood how to do so. Every three months the activity co-ordinator met with people individually to remind them on how to make a complaint. This was provided in an easy read format so that every person could understand the process if they raised a concern or issue. Complaints were recorded and the provider confirmed they responded to formal complaints following the service's policy and procedures.

Good

Is the service well-led?

Our findings

Feedback on the running and the management of the service was complimentary. People confirmed the registered manager or director were always happy to discuss any concerns or queries and take action as needed. A relative told us, "The manager was always very visible" and one staff member said, "There's a good family atmosphere here. The manager is always visible and we're well supported." Several staff commented that there was good team work which we saw during the inspection. Staff also commented that the service had an open and inclusive culture.

The provider supported the staff to make sure the service was run in people's best interests. Group meetings took place approximately every three months and we saw that these had recently covered subjects on infection control and privacy and dignity. These sessions were an opportunity for staff to hear any updates on subjects. It also enabled staff to consider and discuss their understanding and knowledge in these areas so that they that were able to carry out their roles appropriately.

The director was based in the service on a daily basis and therefore was in day to day charge of the service. He had a leadership and management qualification. He was due to complete training in March 2015 to provide training to staff on safeguarding. The registered manager was not based every day at the service, as they had other local care services that they worked at. However, she informed us that she visited the service throughout the week and was also on call as and when required. She was a qualified nurse and had obtained a level five national vocational qualification in management. The registered manager and director met with the other managers of the care homes owned by the provider in order to share ideas and keep up to date with current care practices. The last managers meeting had been held in November 2014. They confirmed they also kept up to date through reading literature on care, attending courses and care conferences for managers.

There were systems in place to ensure the service provided good quality care and the registered manager and director had processes in place to monitor how the service was run. For example we saw a checklist on staff employment files to make sure the necessary information had been obtained and verified before staff worked in the service. The director planned each year when supervision sessions and annual appraisals would take place so that staff could feel supported and the director could be confident that these took place on a regular basis. Accidents and incidents were audited monthly with a spreadsheet showing summary totals for the home and each person. Other safety checks and servicing of equipment took place, such as gas safety check, fire equipment and the portable appliance test, which were all up to date to ensure the service was safe to live and work in.

A monthly audit was carried out on complaints and concerns raised in 2014. These showed the summary of the complaint and action taken to respond to the issues. The registered manager and director informed us that the majority of the time comments made were informal and dealt with immediately.

The registered manager and director had developed an annual plan that included the views of staff and people using the service. This looked at areas that the service had successfully achieved, for example refurbishing areas of the service and identified challenges to the service where areas could be improved, such as extending the front porch so that the reception area was larger for visitors to wait in. The annual plan would be reviewed on an ongoing basis to ensure people received care and support from a service that reflected on what was offered to people and made adjustments to meet people's needs.

Several people and the relative commented that the service held regular meetings at which they could raise any issues of interest about the running of the service and make suggestions. For example, asking for additional activities and menu suggestions. The last meeting held for people was in February 2015 and for relatives in December 2014.

The service obtained the views of people and their representatives through satisfaction surveys. We saw the results from people's responses to the questions from 2014 which were positive. The feedback from relatives from 2014 was also seen and where comments were made that required a response we saw staff had responded to the feedback and made improvements to the service. For example, one relative had commented on the survey that they did not really know about the complaint's procedure. Action was taken to post a copy of the complaints policy and procedure to this relative and speak with them directly to ensure they knew how to make a complaint and know how it would be responded to.