The Poppies Residential Care Limited

The Poppies

Inspection report

17, Birmingham Road,
Kidderminster,
Worcestershire.
DY10 2BX
Tel: 01562 743233
Website: www.thepoppies.co.uk

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Ratings

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

Overall summary

This unannounced inspection was carried out over two days on 14 and 19 November 2014. At our previous inspection on 30 July 2013 we identified a breach to a regulation. This was relating to the lack of effective systems to regularly assess and monitor the quality of the service provided to people. Following the inspection the provider sent us an action plan to tell us the improvements they were going to make. We found that improvements had been made as some systems to monitor the quality of the service provided were in place. The manager was aware that further improvement was necessary to ensure monitoring of the care provided was effective.

The Poppies provides accommodation and personal care for up to 12 people. There were eight people living at the home when we visited.

The provider is required to have a registered manager in post. No registered manager was in place. The registered manager left the home shortly after the previous inspection. The provider had taken action to recruit a

Summary of findings

manager. We were informed that one person is currently awaiting checks to be returned in order for them to apply to become the registered manager with the Care Quality Commission.

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 and associated Regulations about how the service is run.

People who lived at the home told us they received good care from staff and were positive about the care they received. Our observations supported that the care people received was good. People told us that they felt safe living at the home. We saw that staff were caring, kind and respectful to people's privacy and dignity. People were able to engage in pastimes that suited individual likes. We found that staff had received training and were supported to meet people's care needs. Recruitment procedures were in place to ensure that suitable staff were employed.

Care staff were aware of their responsibility to report incidents of actual or potential abuse. However the providers and management were not aware of their responsibilities and of the agencies they would need to inform. This could have left people at risk of not having any allegations of abuse or harm reported and investigated as required.

We found areas of concern whereby people were at risk of harm or injury. Radiators along corridors were excessively hot placing people at risk of scalding. Risks to people were not always assessed following changes to their care to reduce the likelihood of injury.

We found that staff were not always evidencing that they had administered people's medicines and balances were not always correct. The storage of medicines was found to be in need of improvement.

The manager and provider had some knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. At the time of our inspection no one had required any authorisation under DoLS.

We found that people's health care needs were met and that health professionals were involved with people's care as appropriate. We found that care plans and risk assessments were in place to identify risks to people's health and welfare. We found that identified needs were not always able to be fully met due to staffing levels or the need to call additional staff from home.

People told us that they enjoyed the food and that a varied choice was available for them. People's dietary needs were known to staff and individual wishes incorporated into the menu. Drinks were readily available to people.

People could not be assured that any comments or complaints they had made would be acted upon in a timely way. People had raised concerns about the facilities available to them to have their care needs met. We found that these were not recorded and action to resolve these was lacking.

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?
The service was not safe.

Requires Improvement

People who lived at the home told us that they felt safe. However management were not aware of their responsibilities in the event of abuse or harm taking place.

Risk assessments were not always in place to ensure that people were safe. Where these were written they were not always up to date to reflect people's care needs and to show that the provider had reviewed people's care needs.

People were positive about the staff. At times were were insufficient staff available to meet people's identified care needs.

Improvements were needed in the management of people's medicines and in the storage of medicines.

Is the service effective?
The service was effective.

Good

People's care needs were supported by staff who received training and supervision to met their individual care needs.

People told us that they enjoyed their meals and that they had a choice about what they ate to meet their dietary needs. Staff had contact with health care professionals as needed to meet people's health needs.

Is the service caring?
The service was caring.

Good

Staff provided care that met people's needs and personal preferences. People were supported to express their views and were involved in making decisions about their care and support.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Is the service responsive?
The service was not responsive.

Requires Improvement

We saw that people were able to make choices about everyday life. We saw that people were able to engage in leisure pursuits and personal interests.

We found that complaints or concerns raised by people were not always receiving attention in a timely way to ensure that people's needs were able to be met.

Summary of findings

Is the service well-led?

Requires Improvement

The service was not well-led.

There was no registered manager at The Poppies.

The manager and provider monitored some areas of the quality of care provided. However, improvements were needed to ensure effective procedures were in place.

People who lived at the home were aware of the provider and manager and were seen to relate well to them. Staff were able to contribute to the running of the home.

The 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 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 14 and 19 November 2014 and was unannounced. The inspection team consisted of two inspectors.

We looked at all the information we held about the service prior to the inspection. We found that we had not received any statutory notifications. A statutory notification is information about important events which the provider is required to send to us by law.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service such as what the service does well and improvements they plan to make.

During the inspection we spoke with all of the people who lived at the home and one relative. We also spoke with care staff, the activities coordinator, a cook, the manager and both of the providers.

We spent time doing some observations of the care and support people were given. We looked at the records the provider had to show how they assessed the quality of the service they provided and how they made sure there were enough suitably trained staff on duty to care for people. In addition we looked at medication records and care plans.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with told us they had no concerns about their safety living at the home. People who lived at the home told us that they felt safe and confirmed that staff treated them well.

One person told us, "I feel safe here, if I am unwell I can just ring my buzzer and someone will come and help me". A relative told us, "I feel [my relative] is safe here and the staff understand their needs and would keep them safe." We observed how staff spoke with and supported people who lived at the home. We saw that staff treated people well.

Staff we spoke with told us that they had received training in keeping people safe from the risk of abuse and harm. Staff were able to tell us what types of abuse could happen and the action they would take if they were to witness poor care or abusive practices. One member of staff told us, "I have not seen any bad practice or abuse". Another member of staff said, "I would report it to the manager if she didn't do anything then I would go to one of the directors." This showed that staff would not tolerate abusive or poor practice and recognised what actions to take if they suspected that abuse had taken place.

We spoke with the manager and one of the providers about the action they would take in the event of an abusive situation been reported to them. Although their description included a range of positive actions to ensure people were kept safe, they made no reference to referring the matter to the local authority. We looked at the provider's safeguarding procedures and found that they did not highlight the need to inform the local authority. The manager and one of the providers were unable to find local procedures on safeguarding for staff to refer to if a situation was to happen. This meant that the management of the home were not aware of their responsibilities to report incidents to other agencies. During our inspection we did not find any evidence of incidents which should have been reported as a safeguarding to the local authority.

People we spoke with were aware that care plans about the care provided were available . Risk assessments were written on admission to the home. We found that these were comprehensive and we saw examples where professional health care advice was sought to assess risks to people's safety. Risks to people's safety and welfare had been identified and staff had been informed if for example they needed to use equipment to keep them safe. We saw staff undertake moving people with equipment. This was done safely and in line with the assessment undertaken. Staff showed competence when they used equipment. However we found that risk assessments were not always up to date. Although reviewed monthly and recorded as 'no change' it was evident that people's needs had changed. For example risk assessments did not reflect that one person had fallen or that another person's level of independence had reduced. This meant that risks to people and how they could be reduced had not been undertaken and information made available to staff.

There were some risks to people who lived at the home within the premises. For example we found that radiators in communal hallways were not consistent in their temperature. Two radiators were extremely hot to touch. No risk assessments were in place regarding these radiators to ensure that people were not at risk of burning in the event of them falling near to them or touching them.

The fire evacuation plan and fire risk assessments for people who lived at the home were not available during the inspection. The fire risk assessment for the building contained minimal information. There was no risk assessment available as to how staff would manage an evacuation. Staff had knowledge of the actions they would take in the event of a fire.

People we spoke with were positive about the staff. One person said, "The staff are very good". People who lived at the home were confident that staff were available when they needed support. Staff told us that the number of staff on duty was sufficient. However we were told that they were unable to meet some people's needs such as provide exercises for one person who lived at the home. One member of staff told us that they felt able to meet the needs of people during the night although busy during the end of the shift. During this time people may need to wait to have their care needs met. In the event of additional staff been needed to meet someone's needs we were informed that the manager was contacted at home to come and assist staff. The manager told us that they had no system in place to assess the level of staff needed to ensure that people's needs could be fully met.

Requires Improvement

Is the service safe?

We asked how shifts were covered when staff were absent. Staff told us that shifts would be covered by themselves and that agency staff were not used. These practices promoted people's safety so that people received the right care at the right time by staff that knew their needs well

We looked at two staff files that showed that all the required recruitment checks were undertaken when staff were recruited. The checks included identity checks, previous work references and Disclosure and Barring Services (DBS) checks that ensured that people were of good character and suitable to work with people who used the service. This showed that safe and effective recruitment and selection processes were in place.

People we spoke with told us, "They always bring the tablets to you at the table and they are on time with them". We saw a member of staff while they administered people's medicines. We saw that they informed people what medicines they had and why they needed to take them.

Medicines were stored in a lockable trolley. We found that medicines were well organised and easy to find.

Information was available for staff to follow and a photograph was in place of each person who lived at the home. We found gaps on the Medication Administration Record (MAR) sheets where staff had not signed to demonstrate that people had taken their prescribed medicines. We found no impact on people as a result of this. The manager accepted that improvement was needed.

We did some audits of medicines and found that they did not always balance with the records held. The manager was unable to explain why we found occasions when too many tablets or sachets of medicine remained. This meant that the provider was not consistently ensuring that people received their medicines as prescribed.

We found that the storage of some medicines needed to be improved to ensure that they were kept safe. We were given assurance that the matter would be addressed and that suitable storage facility would be provided.

Good

Is the service effective?

Our findings

People we spoke with told us they did not have any concerns with the ability of staff to meet their needs. One person told us, “The staff know us all really well.” We saw that staff engaged with people effectively and in a sensitive manner.

We were informed that people who lived at the home had capacity to make decisions that effected their daily lives. Staff had an understanding of the Mental Capacity Act 2005 (MCA). The MCA is a law about making decisions and what to do if people cannot make some decisions for themselves. DoLS are part of this Act and aim to make sure that people in care homes, are looked after in a way that does not inappropriately restrict or deprive them of their freedom. If there are restrictions on people’s freedom and liberty these are assessed by professionals who are trained to assess whether a restriction is required.

We saw staff obtain people’s consent prior to providing care and support. As people were able to make informed decisions the provider had not needed to apply for any Deprivation of Liberty Safeguards (DoLS). During our inspection we did not observe people who lived at the home have their liberties deprived by any member of staff. Staff we spoke with told us that no forms of restraint were used at the home.

Staff we spoke with confirmed that they had received training from the provider in order that they had the knowledge and skills to carry out their job safely and effectively. One member of staff told us, “We are well trained”. We saw staff undertaking work in line with the training they had received. For example we saw staff assisting people with their mobility needs. We saw information on display for staff regarding forthcoming training events. Staff told us that they felt supported by the manager and that they were able to attend regular staff meetings and received supervision.

People told us that they enjoyed the food provided and that they were able to make a choice. One person said, “The food is brilliant, especially the fish and chips”. The same person told us that they had told the cook about their favourite soup and that it was purchased for them. Another person told us, “They will get me what I fancy and make it soft for me so I can eat it.” People looked well-nourished. We spoke with the cook who showed us a varied menu. We found that staff knew about people’s dietary needs and that people’s likes had been incorporated into the menus. During our inspection we saw that people who lived at the home were encouraged to have regular drinks. There was squash available in covered jugs in the lounge. There was also fresh fruit in a bowl for people to help themselves to.

People told us that their health needs were regularly monitored and action taken to ensure that appropriate treatment was provided. Staff told us that if they observed a change in people’s health care needs they would let the manager know. People we spoke with confirmed that doctors visited the home regularly. People told us that they were able to access other healthcare professionals such as dentists and opticians. The records evidenced that these professionals had a regular input into people’s care and well being.

We saw that people who had difficulty swallowing had been seen by a consultant. A relative told us that their relative’s health had improved since they had been at the home. They told us that they had received support from a physiotherapist when required. A handover procedure between shifts was in place. This meant that systems were in place to ensure that people were supported to maintain good health and receive on-going healthcare support.

Good

Is the service caring?

Our findings

People we spoke with told us that they felt cared for and were supported by staff. People looked relaxed and comfortable while they sat in the communal lounge. One person who lived at the service told us, “If you need anything you just call and the staff come to you.” Another person told us, “I can get up when I want. I press my buzzer and the staff come”. We spoke with one relative who said, “The staff are brilliant, they are all very caring and they look after [person] very well.”

We observed staff and found them to be caring, kind and respectful to people. Staff were knowledgeable about people’s likes and dislikes and knew what was important to them. Staff were friendly and smiling and responded well with people who lived at the home. We saw that staff spent time with people and addressed them by their preferred name. We heard staff talk clearly with people and that they repeated information in a different way to ensure people’s understanding. We found the atmosphere at the home to be warm and welcoming.

When staff provided care and support to people, we saw that they were supportive to people and were sensitive in the way they carried out care tasks. We saw that staff encouraged people to be as independent as possible and did not rush or hurry people. Throughout the inspection we heard staff offer choice to people about their daily living. For example people were able to select where they sat, what they did during the day and what they ate.

All the staff we spoke with were able to give us a good account of how they promoted privacy and dignity in everyday practice. They demonstrated an understanding of how important it was to do this when they carried out their role. We saw staff knock on people’s bedroom door and wait to be invited in before entering. All the staff we spoke with were able to give us a good account of how they promoted privacy and dignity in everyday practice. For example how they provided care and how they addressed people by their preferred name.

Requires Improvement

Is the service responsive?

Our findings

One person who lived at the home told us, "I don't really like going out now, I enjoy sitting in my chair in the lounge and I enjoy the bingo". We saw that care plans contained information about people's personal history as well as information about their preferences. Staff told us that they read this information and that these details assisted them to provide personalised care to people who lived at the home. Staff told us that the manager was introducing a 'keyworker' system. Staff told us that this meant they would be able to work directly with the people and be able to go out more regularly into the local community. We saw that on most week days activities were organised. We were told that people regularly took part in quizzes or played games. People we seen engaging in pastimes such as read or in discussions with each other. We saw that people were supported to maintain social links within the community such as meeting their religious needs.

During our observations we saw that staff responded to people in a timely manner. People told us that they had their needs met by staff who responded with kindness. We found that staff knew each person well and the level of assistance they required. However staff commented that they were not always able to support people fully due to staffing levels. For example in the pursuit of exercises to ensure people's well being.

A relative we spoke with during the inspection told us that if they had any concerns they would not hesitate to raise them with the manager or the providers. We were told by the manager and the providers that no written 'formal' complaints had been received. However, one person told us that they had commented on a concern within their bedroom and that nothing had been done. Staff were aware of the concern and it was evident that action had been taken place to minimise the concern raised. The provider told us that they had no knowledge of this concern and that they would look into it. This meant that systems did not ensure that complaints or concerns raised by people were effectively reported upon and responded to in a timely manner.

In addition we were informed of others issues in relation to people's bedrooms and how care was not able to be delivered as a result. We were told that shower facilities in people's bedrooms were unsuitable for some people. As a result these people were unable to use their shower facilities. We saw that a care plan stated that they required a shower. It was evident however that this had not been possible due to the lack of suitable facilities. Although the providers were aware of these issues and of people's concerns no schedule of when suitable action would be taken was available. The acknowledgment of the concerns and proposed actions were not recorded.

We were told by one of the providers that their complaints procedure was included within people's contracts. We viewed one person's contract and found that the complaints procedure was not mentioned. This meant that information about complaints was not readily available and issues identified by people who lived at the home had not been responded to in a timely way.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in July 2013 we found that the provider was not able to assess the quality of the service provided. We found that no audits were taking place and the provider was unable to evidence any systems they had in place to monitor the service provided to people. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We had issued a compliance action and the provider developed and action plan. At this inspection we found that arrangements were in place and that improvements had been made. We found that although further improvement was needed audits were in place for care plans, medicines and accidents. The manager accepted that further development was needed to ensure that the auditing system highlight shortfalls.

People we spoke with informed us that they knew the manager and providers of the home and that they felt they could speak with them if needed. A member of staff commented, “This is the first place I have really enjoyed my work. We work as a team and the staff always go that extra mile to meet people’s needs.” We found that people were supported by a consistent staff team who understood people’s needs.

The provider has been without a registered manager for 12 months. The manager confirmed to us that they were in the process of making their application to the Care Quality Commission to become registered. The manager was enthusiastic about their role and accepted that improvements were needed in some aspects of the management of the home. The providers told us that they visited the home regularly in order to speak with the manager and about the service provided to people.

People who lived at the home were aware of who the providers and the manager were. We saw friendly interactions between these people and the manager assisted with areas of care and support required by people who lived at the home. Staff we spoke with told us that they felt the manager did a good job, was open and transparent and that improvements had been made. Staff told us that they felt supported by the manager and that they were approachable and accessible. Staff confirmed that they had the opportunity to contribute to how the home was run. This was done through regular staff meetings and supervisions.

We found a lack of consistency in how the service was managed and how the provider and leadership ensured that people who lived at the home were safe. For example the provider and the manager lacked an awareness on their responsibilities regarding safeguarding processes and were not aware of their own policies and procedures.

We saw that the manager audited accidents and incidents on a monthly basis. This was to review the actions needed and to establish whether any patterns had developed or immediate actions were needed to prevent reoccurrence.

We saw evidence that questionnaires had been issued to gain the views of people who used the service. We were given a graph which showed the response people had made to different questions. The majority of questions received a positive reply in relation to the level of service provided.

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