

The Poppies Residential Care Ltd

The 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 28 January 2016 and was unannounced.

The home is registered to provide accommodation and personal care for a maximum of 12 people. There were 8 people living at the home on the day of the inspection. There was a registered manager in place. 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.

People were safe and well cared for. Staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively and to ensure people who used the service were safely supported.

People were cared for by staff who had a good understanding of protecting people from the risk of abuse and harm. Staff knew their responsibility to report any concerns and were confident that action would be taken.

People's needs were met promptly. Both people living at the home and staff said that there were sufficient staff numbers to meet people's needs and we saw staff responding to people in a timely way.

People's rights and freedoms were respected by staff. Staff understood people's individual care needs and had received training so they would be able to care for people in the best way for them. There were good links with health and social care professionals and staff sought and acted upon advice received, so people's needs were met.

People were supported to have drinks and snacks throughout the day. People enjoyed the food they received and were positive about the choice of food given.

People were positive in their feedback about the service and confirmed they attended residents meetings and completed questionnaires to give feedback on the care provided. People told us their privacy and dignity was maintained by staff and we made observations that supported this.

The registered manager was accessible and approachable and completed regular checks to monitor the quality of care and take action where identified.

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 received care from staff they felt safe with.

People were supported by sufficient staff to meet and respond to their needs in a safe and timely way.

Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about people's support needs and interests.

People were supported to access health professionals and their nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

Staff provided care that took account of people's individual needs and preferences and offered people choices.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's care needs and preferences in order to provide a personalised service.

People and relatives knew how to make complaints and were confident that any concerns would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

People were cared for by staff that felt supported by the registered manager.

The registered manager had systems in place to check and improve the quality of the service provided and take actions where required.

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 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.

We undertook an unannounced comprehensive inspection of The Poppies on 28 January 2016. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also asked the local authority if they had any information to share with us about the home. The local authority is responsible for monitoring the quality and for funding some of the people living at the home.

During our inspection we spoke to five people who lived at the home and also spoke with one relative of a person living at the home. We also spoke to a visiting G.P.

We spoke to the registered manager, senior carer, two care staff and the chef. We looked at records relating to the management of the service such as, care plans for three people, the incident and accident records, medicine management and three staff recruitment files and training records.

Is the service safe?

Our findings

During the previous inspection on 14 and 19 November 2014 we found that this question required improvement in particular in relation to auditing medication and ensuring prompt action was taken when safeguarding concerns were identified. At this inspection we found that improvements had been made. We found that improvements had been made in the registered manager's knowledge of safeguarding actions, that risk assessments were up-to-date and that the management of medicines had improved.

People told us that they felt safe living at the home. One person told us, "It's very safe here." Another person commented, "It's quite safe. It's a small environment there's always someone to hand." People happily approached staff to chat to them or ask questions. People were comfortable when staff were with them and when they became upset staff offered reassurance which had a positive impact on people. We saw staff offer guidance and support to help people.

The three care staff we spoke to confirmed they had attended safeguarding training and had a good understanding of the different types of abuse. Staff stated that they had not had reason to raise concerns but were able to do so with the registered manager if needed. They said they were assured that action would be taken as a result. The registered manager told us they had completed safeguarding training and told us of the actions they would take in reporting concerns.

Staff we spoke with were clear about the help and assistance each person needed to support their safety. People's risks had been assessed and had been reviewed regularly and were recorded in people's care plans. Staff told us they followed the guidance to make sure they provided care with the least amount of risk. For example, some people received care from two staff to support their mobility. Staff told us they always followed their training and the risk assessments in people's care plans. One person told us, "There's always two carers here to look after me."

Both the people and staff we spoke to told us there was sufficient staff on duty to meet people's needs in a timely way. One person told us, "I use my buzzer and they come straight away." Another person told us, "I'm quite happy there's enough carers. If they are short they get agency staff. It doesn't happen very often."

We saw staff spent time individually with people and they responded promptly to people's choices and care needs to keep them safe. Three members of staff we spoke with told us they felt there was enough staff. The registered manager explained that there was a system used to assess staffing numbers based on the needs of people. The registered manager told us that staffing numbers were assessed based on people's needs and could be increased when required.

We checked the recruitment records of three staff and found the necessary pre-employment checks had been completed and that staff were only employed after essential checks to ensure that they were suitable to carry out their roles. Staff had a Disclosure and Barring Service (DBS) check in place. A DBS check identifies if a person has any criminal convictions or has been banned from working with people in a care setting. These checks helped the provider make sure people living at the home were not placed at risk.

through their recruitment process.

People told us they received help to take their medicines as prescribed. Three people told us they received their medicine on time. There were arrangements in place for managing people's medication. The manager told us that a shift leader had been appointed for each shift and they took a lead on medication and this was confirmed by staff we spoke to. Staff administering medication had received training.

Staff showed us they understood the circumstances about when to give people medicine to meet their needs and that they followed written guidance. One person commented, "If I have been in pain, I've told the carer, they check my records first and give me tablets."

One member of staff explained the new processes that had been introduced since the last inspection and said that the new system had improved medicine management. For example, the packaging of medicines were now marked with the date they were opened so medicine could be checked and balanced.

We looked at a sample of medicines and for the majority the records and stocks balanced. However we found three occasions when pain relief medicines did not balance with the records held. This was over a very short space of time. We saw that since the last inspection audits had been put in place which would have identified this at their next review. However, we raised it at the time with the manager and received assurance that they would take action to address this issue following our inspection.

Is the service effective?

Our findings

People we spoke with felt staff had the knowledge to support people with their needs. One person told us, "I've very happy with how the carers look after me. They are trained." Another person told us, "Staff know how to look after you."

Staff we spoke with told us that training helped them to do their job. All three staff confirmed that the training was good and they were able to give an example of how training had impacted on the care they provided. For example, training on specialist equipment to aid one person's mobility. They also advised that the provider gave access to specific training. For example, one member of staff explained they had requested and received training on seizures. They said this had given them greater knowledge and helped them understand seizures better.

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.

The registered manager demonstrated a good understanding of when they would need to assess capacity and the steps they would follow to make a decision in the person's best interest, for instance involving a person's family or advocate. All care staff we spoke with understood people's right to choose or refuse treatment and we saw staff listen and responded to people's day to day decisions and choices.

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)

We checked whether the service was working within the principles of the MCA and saw that the registered manager had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. One DoL was in place and staff were aware of this. The registered manager was aware of the need to review the application and its expiry date. This meant that people living at the home were supported in a lawful way and their human rights upheld. We saw that people choose how to spend their day in their own home.

People told us they enjoyed their meals and told us they were given a choice. People were supported to have drinks and snacks throughout the day. One person told us, "You can't beat the food, it's very nice. I've put on weight since I've been here." Another person told us, "They keep me well supplied with teas and coffee. I always have a drink in my room."

We spoke to the chef and they told us how they worked together with the person and staff to ensure that people's individual needs were catered for. One person commented, "We have a good chef. They ask me

what I want." One relative commented, "The chef goes out of their way to give him what he likes to eat." The chef was knowledgeable about people's preferences and dietary needs, for example where people required softened meals.

We saw that people were supported to access healthcare professionals and attend a range of medical appointments including GP, optician and chiropody appointments. One person told us, "The doctor comes when we ask for them." Another person told us, "I have been to the GP surgery with a carer." Three people told us that a chiropodist and optician visited the home.

People told us they were happy with the actions taken by the staff in monitoring their healthcare needs. One relative told us that their family member had been unwell, they advised that the registered manager had arranged for the GP visit.

Is the service caring?

Our findings

All the people we spoke with told us staff were caring. One person told us they were well looked after and said, "The staff are all very nice and respectful." Another person commented, "They (staff) do care for you." We heard and saw positive examples of communication throughout our inspection and people were relaxed around the staff supporting them. One relative told us that in their view staff were caring and said, "They (staff) are very good."

One person told us, it was a small home that had a, "Good atmosphere." We saw that the atmosphere was calm throughout our inspection and that staff took time to chat to people. We saw that staff approached people in a friendly manner and spoke to them respectfully and offered them choices about their daily care, such as where they wanted to sit and what they wanted to do. Staff took time to talk to people in a way that gave them time to make their own choices. We saw staff encourage people to become involved in an activity to keep them busy, which we saw people enjoy together.

Staff respected people's right to refuse support and three people commented, "I can do what I like." They explained how they could choose how to spend their day, one person said, "I get up when I want," and, "I do what I prefer." Another person told us, "They always knock my door and ask if I'm ready to get up."

During our conversations, all staff we spoke with, including the registered manager and care staff had a detailed and personal understanding of each person's history and individual needs. Staff were knowledgeable about the support people required and gave choices in a way that people could understand. We saw that staff understood the different ways that people expressed how they felt. We also saw staff responded to the body language of one person and offered support in a timely way.

People felt staff were positive about promoting their independence in personal care. People told us they chose their clothes and got to dress in their preferred style. Staff supported people to retain their own levels of independence. One person said, "If they think you are alright at walking they let you do it." A relative told us about their family member and said, "[Relative's name] is quite independent. They shower themselves."

People's friends and relatives visited when they chose. People we spoke to said visitors were welcomed at all times and could visit freely. One relative commented, "It's a warm and friendly atmosphere here. There are no restrictions, can come and visit at all odd times."

People said they were respected by the staff and they said staff treated them with dignity. We saw staff knock on bedroom doors and wait for a response before they entered. We saw that staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw that when staff spoke to each other regarding care they stepped out of the communal lounge area.

Is the service responsive?

Our findings

During the previous inspection on 14 and 19 November 2014 we found that this question required improvement in particular in relation to the suitability of facilities to meet people's needs. At this inspection we found that improvements had been made and that facilities were now in place that met people's needs. A member of staff told us they had previously raised the concerns about lack of bathing facilities but they were satisfied this had been resolved with the installation of two wet rooms. One of the people we spoke with told us, "My walk in shower is very good, I didn't have one before."

We asked people how they would complain about the care if they needed to. They told us they had not made any complaints, but if they had a concern they were happy to speak to the staff or the registered manager. One person told us they had complained to the registered manager once and things, "Improved after that."

We saw that the registered manager had a complaints folder in place. All written complaints had been logged, investigated and responded to. The information showed actions taken by the provider which included discussions at staff meetings. Records showed that people were happy with the outcome of their complaint. The registered manager said that as a smaller service most issues could be picked up and dealt with immediately. Staff advised that they were confident to raise any concerns with the registered manager who would then take action.

Five people we spoke with told us they got the care and support they wanted. One person commented, "They do what I want them to do." People also felt that any changes to their health had been recognised and acted on by staff. There were examples they provided that showed how they staff had done this. For example when one person had become frail, it was identified they needed more help with their mobility. The use of different mobility equipment had been discussed and agreed with social workers to enable the person to remain at the home.

We also spoke to a visiting GP who advised that they felt staff understood people's medical needs and only called the GP when appropriate. They said staff followed their instructions and advised that care plans reflected people's current care needs.

People told us that regular 'residents' meetings' were held. One person said, "I go to the residents' meetings," and another told us, "We have residents' meetings every month." One person commented that they had raised an issue at the meeting which had been then been actioned. Two people told us that had raised issues with bathroom linen at the meetings but this had not been resolved. When we spoke to the registered manager about this, they told us they were aware of the issue and it had been raised with the provider to consider action. The registered manager also told us that if people were not happy speaking at the residents' meetings, they held individual meetings with people and we saw that these meetings had been recorded.

Staff told us that as a small home they felt were able to get to know people living at the home and their

families well. We saw that staff were knowledgeable about people and the things that were important to them. We saw staff talking to people about interests outside the home and people taking an interest in the staff too, for example asking about their house move. One member of staff told us, "As a small service there is more chance to talk to people and have one-to-one (time)."

We saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information shared at staff handover, where the support required for individual people in the home was discussed. For example one person had felt unwell and had been visited by the doctor that morning. This was discussed and shared with new staff coming on shift.

People were supported to take part in different activities. One person enjoyed visiting a social club each week, they told us that staff supported them to do this. We saw people enjoyed doing individual hobbies such as knitting or doing a crossword and jigsaw puzzle. People we spoke to told us about their individual activities but told us they would like more group activities. A board was on display showing planned activities but two people commented that some of the activities shown did not take place. When we spoke to the registered manager about this they advised that activities were discussed at each residents' meeting, following one meeting a DVD player had been purchased and a movie night introduced which people enjoyed.

Is the service well-led?

Our findings

During the previous inspection on 14 and 19 November 2014 we found that this question required improvement in particular in the systems and audits to monitor the service provided and the knowledge of manager of their responsibility in regards to safeguarding concerns. We found that improvements had been made, systems were in place to monitor the service provided and where areas had been identified for improvement actions had been taken. The registered manager's knowledge regarding safeguarding information had also improved.

Staff confirmed they had received safeguarding training and told us of the actions they would take if they had concerns. Staff stated they had not raised concerns but they were all assured that the registered manager would take action. The registered manager had not raised any safeguarding concerns but we spoke with the manager about what actions they would take and they told us of the process for recording incidents and contacting the local authority safeguarding team and also advising CQC.

People knew who the registered manager was. We saw that they talked to people and visitors, who all showed they were familiar with them. The registered manager had a clear understanding of the people they were supporting and that they knew the things that were important to them. For example, we saw the registered manager chatting to one person asking them how they were feeling following an event they had attended outside of the home and offering them comfort.

All staff that we spoke to said that the registered manager was supportive. One member of staff told us, "They (the manager) are very nice. They have always got our (staff) and residents best interests at heart." All of the people we spoke to told us they had no concerns and felt the home was well managed. They told us the registered manager was always available to them. One person told us, "The manager is always here." Another person commented, "The manager is here all of the time."

Two staff described the registered manager as, "Approachable," and all staff said they were happy and confident to approach the registered manager with any issues or concerns. The registered manager spoke positively about their staffing team and felt the team all worked well together and commented that being a smaller home allowed them to get to know everyone and their families. One member of staff said, "It's a very good service. It's a nice size home."

The registered manager also they spent time, 'Out on the floor' to observe staff providing support and to pick up any issues. Based on their observations the registered manager had introduced a medical health record to bring together into one document all useful medical information including emergency contacts. One member of staff told us, "It's a lot easier with the form, its good when contacting external agencies."

We saw that there were management meetings between the registered manager and the provider. Where actions were identified we saw that these had been taken. For example, following one meeting it was identified communication needed improving. In response a new handover sheet sharing information between shifts, had been introduced. Two staff we spoke with confirmed the new handover sheet was an

improvement and helped communication.

People's confidential information was held securely. We saw that accidents and incidents were logged and a record made of any actions taken. There were good systems in place and staff knew where information was kept and how to access it.

The registered manager had given a questionnaire to all people at the residents meeting November 2015 asking for their feedback and opinions on the care provided. People were generally satisfied with the care provided but did ask for more activities and for softer bathroom linen. This was then discussed at the residents meeting in January 2016 and was with the provider for consideration