Autism.West Midlands

Poplars

Inspection report

23 Serpentine Road
Selly Park
Birmingham
West Midlands
B29 7HU

Tel: 01214721722
Website: www.autismwestmidlands.org.uk

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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

Poplars is a 'care home' for five people with learning disabilities and/or autism. There were five people living in the home when we visited. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Care Service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

At our last inspection on 24 May 2016 we rated the service as overall 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Further information is in the detailed findings below.

People continued to receive a safe service. Staff were vigilant to the risks people faced and took prompt action to address any concerns. People were supported to take positive risks to increase their confidence and independence. People received their medication at the right time and there were enough staff on duty to provide the support people needed.

People continued to receive an effective service. People's consent was obtained before care and support was delivered and staff supported people to make decisions that were in their best interests when they needed help to do so. Staff received specific training to help them carry out their role more effectively. People's health was promoted as staff worked actively with healthcare professionals.

People continued to receive a caring service. Relationships between people and staff were respectful and based on trust and openness. Relatives were very happy with the quality of the service their loved ones were receiving and were made to feel welcome when they visited. People's independence was promoted and encouraged wherever possible.

People continued to receive a responsive service. People's support was delivered in line with their wishes and people had access to activities in the local community which were important and meaningful to them. People had the opportunity to express their wishes and goals and staff supported people to achieve them.

The service continued to be well-led. People, staff and relatives were all happy with the way the service was managed. The registered manager was a visible presence in the home and led the staff team to create a person centred culture in the home. Checks and audits were effective in highlighting areas for improvement

and actions that were required were completed promptly.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Poplars

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 13 November 2018 and was unannounced. The inspection team consisted of one inspector.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners of people's care who purchase the care on behalf of people to ask them for information about the service.

During our inspection we spoke with all of the people who used the service for their views about the service they received. We spoke with the registered manager, the assistant manager and two staff. We also spoke with two relatives and looked at a range of records. This included two people's care plans, two people's medicine records, two staff recruitment records and quality assurance systems that were in place.

Good

Is the service safe?

Our findings

We saw that people looked happy to be living at the home and were comfortable with the staff that were supporting them. People were protected from harm because there were processes in place to minimise the risks to people. Relatives told us that staff were vigilant and took prompt action to address any risks or concerns. For example, one relative told us, "The staff are very good. We were worried about [person's name] a few weeks ago as they had not arrived home on time but they called me straight away and were on to it."

Staff had developed a good understanding of the risks to people and the steps they needed to take to reduce these risks. People were also encouraged to take positive risks so that they learnt new skills and had new experiences. For example, staff told us how they had worked with one person to develop their confidence to walk to the local shops on their own. The person told us, "I am allowed to go to Tesco's and I feel safe." Staff had completed safeguarding training and knew how to report concerns to managers or external agencies if required.

People were supported by sufficient numbers of staff. We observed that staff had plenty of time to talk to people and provide support when required, as well as completing tasks. One member of staff told us, "The staffing ratios are good here – we are able to do lots of one-to-one work."

People received their medication at the right time on a consistent basis. Medication records showed that doses were not missed and people's medication was reviewed by GPs on an annual basis. Some people were prescribed to take medication 'as and when required' and there were clear protocols in place to help staff decide if these were needed. Staff told us that they received training and were assessed for their competence before being allowed to give medication.

The provider had a system in place to check that staff working at the home were suitable before they started work and staff files contained evidence of the checks that had been undertaken. These included references from previous employers and identification checks.

The registered manager kept records of any incidents and accidents and these were analysed so that lessons could be learnt to reduce the risk of reoccurrence. For example, there had been two medication errors in the home which had been investigated by the registered manager. This showed that staff had been confused by the times written on people's medication boxes. We saw that these were now labelled with 24 hour times to avoid any further confusion.

We saw that the environment was clean and tidy and that staff had access to cleaning materials and personal protective equipment, such as gloves and aprons which helped to reduce the risk of infection to people.

Good

Is the service effective?

Our findings

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 with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The registered manager told us that all of the people living at the home had undergone capacity assessments and as a result, one DoLS applications had recently been submitted and the provider was awaiting an outcome from this application.

People were supported to have choice and control of their lives and consent was obtained before care and support was given. The policies and systems in the service supported this practice. For example, care files contained personalised guidance for staff as to how best to support each person to make decisions. One care file had records of best interests meetings which had been held to help that person make more complex decisions which they wanted help with such as spending money on a summer holiday. Staff and relatives had been consulted on this and had helped the person to reach their decision.

People were supported by staff who had received training which was relevant to people's needs. This included specific training on autism which enabled staff to deliver effective support. One member of staff told us, "The training is delivered by a trainer that knows the people we work with which has really helped me understand them."

People were supported to eat and drink to maintain a healthy diet and weight. People took turns to help with shopping and cooking and we saw a whiteboard in the kitchen which people used to request specific food that they wanted on the menu.

People's health needs were well promoted by staff. Staff told us that one person had experienced some difficulties over the weekend leading up to our inspection and we saw that staff had arranged for the person to attend an appointment with both the GP and Consultant within one day. This had led to a change in the person's medication which we saw had helped to reduce their anxiety. One relative told us, "The staff called me a few weeks ago as they were worried about [person's name] and they got an appointment with the Consultant really quickly. That is really good care."

People lived in a homely environment which had been decorated in line with their preferences. There was a

large well-kept garden and communal spaces so that people could choose where to spend their time. Bedrooms were personalised in line with people's interests and hobbies and we saw that people had been involved in choosing décor in the home.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and respectful. For example, we observed staff asking people for permission before entering their bedrooms. We saw that people enjoyed friendly relationships with the staff team and that staff spoke to people politely. One person told us, "I like the staff here; they are friendly." Staff were aware of people's communication needs and ensured people were given time to process instructions and make choices.

People's independence was promoted and respected where possible. We saw that people were encouraged to help around the home with daily living tasks and staff told us that people had learnt new skills in this way. People also travelled to activities and accessed the local community independently when it was safe to do so.

People were involved as much as possible in making decisions about their daily routines and support. People had been allocated a 'key worker' to provide any additional support they required and key workers ensured people had the opportunity to express their views on an ongoing basis.

Relatives were happy with the quality of the care and support provided by staff and were made to feel welcome when they visited the home. One relative told us, "I am very happy with the Poplars; the staff have always done a grand job." Relatives and people told us that staff helped people to keep in regular contact with, and visit their families and friends.

Good

Is the service responsive?

Our findings

People's needs had been assessed on an individual basis, and care and support was delivered in line with these assessments. Care plans contained personalised information for staff on how people wanted to be supported with their routines, communication and health and staff we spoke with were knowledgeable about these.

People were supported to take part in activities they enjoyed. For example, three people attended local colleges or adult education classes and we saw that other people had the opportunity to go horse riding, swimming and to social clubs in the local community in line with Registering the Right Support. Trips were planned in line people's wishes and goals. For example, one person was in the process of planning to attend a music concert for the first time and staff had worked with another person to plan their first holiday for several years. One relative told us how one person had made links with a range of local groups in the area such as church groups which were very important to them and had given the person a sense of belonging to the local community.

Relatives told us and we saw that they were involved in reviewing and planning people's care. One relative told us, "Being invited to an annual review is an excellent way to discuss any concerns." We saw that actions agreed at review meetings were followed through. For example, one person had expressed a wish to go on holiday and a trip was booked for the following month.

The provider had a complaints policy in place. Records showed that there had been no complaints in the last 12 months but relatives told us they knew how to complain and would contact the registered manager if they had any concerns.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was fully aware of the requirement to notify us of any changes or incidents that affected people who used the service.

People, relatives and staff told us they were happy with the way the service was being managed. One person told us, "[Registered manager's name] is very nice." Staff told us they felt supported by the registered manager and out of hours was support was there when required. One member of staff told us, "[Registered manager's name] has made a huge difference. They are very responsive and get things done". Staff also told us that morale had improved in the home in recent months and that the culture had become more person centred.

People, staff, relatives and professionals were given the opportunity to give feedback on the service via questionnaires. We looked at the summary of these and feedback was consistently positive. Where individual concerns had been expressed, these had been followed up promptly.

A range of audits were in place to ensure people's care was being delivered safely and staff were working effectively. We saw that the registered manager took swift action to address any issues identified. For example, the service had recently started to use a different pharmacy as the previous one had not always delivered medication in a timely way.

The registered manager told us that the provider was supportive of the staff team and were continually looking to introduce new initiatives to improve the quality of the service. For example, staff had had the opportunity to attend some recent workshops with staff from other homes run by the same provider to share best practice. People using the service had been invited to talk to staff about their experiences of living with autism at these workshops. The provider was also in the process of setting up a forum for people who use the services in the area.

The staff team worked in partnership with other agencies and shared information with other professionals as appropriate to ensure people were receiving effective support.

Registered providers are required by law to display the ratings awarded to each service in the home. We confirmed that the rating for the Poplars was on display both in the home and on the provider's website. Showing this rating demonstrates an open and transparent culture and helps people and relatives understand the quality of the service.