

Mrs Beverley M Winchester

# Poplars

## Inspection report

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Date of inspection visit:  
05 March 2018

Date of publication:  
27 April 2018

### 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 provides accommodation and personal care for up to six people with learning disabilities. 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. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Six people were using the service at the time of the inspection.

At the last inspection of 22 December 2015, the service was rated Good.

At this inspection, we found the service remained Good.

A registered manager was 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.

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

People were happy and felt safe living at the service. People received care from staff who understood their responsibilities to identify and report abuse to keep them safe.

Appropriate arrangements remained in place to identify and manage risks to people's health and well-being.

People received support in a safe manner because of the sufficient numbers of suitably skilled staff deployed. The provider's recruitment procedures remained safe in recruiting suitable staff.

People had their medicines administered and managed safely by staff assessed as competent to undertake that role. People received support in line with current legislation and best practice guidance. Health and social care professionals continued to be involved in the planning and reviewing of people's care.

People received care in line with their changing needs. The registered manager monitored incidents and accidents and supported staff to learn from events when things went wrong.

Staff received the support, training and supervision to monitor and develop their practice.

People's care was delivered in a kind and caring manner. People enjoyed positive caring relationships with

staff. Staff asked people's consent to care and treatment and respected their choices.

People were involved in making decisions about their care and support. Staff understood how people preferred to have care delivered. People received care as planned in line with their preferences and routines.

Staff maintained people's privacy, dignity and confidentiality. The provider ensured people had information about the services available to them in a format they understood.

People received the support they required to eat and drink. Staff encouraged people to have a healthy and balanced diet. People had access to healthcare services to maintain their health.

Staff supported people to be independent and to develop their daily living skills. People enjoyed taking part in activities of their choosing.

People using the service and their relatives had opportunities to share their views about the quality of care. The provider used their feedback to improve care delivery. People had access to the complaints procedure and knew how to raise a concern if they were unhappy about any aspect of the service.

People and staff commended the registered manager for driving a person centred approach to care delivery. The registered manager showed commitment to delivering high standards of care. Staff were open and honest about the manner in which they delivered care.

Quality assurance systems enabled improvements of people's care through regular audits and review of care against standards. The registered manager made improvements when needed.

The registered manager worked closely with other agencies to improve the quality of care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

|  |               |
|--|---------------|
| <b>Is the service safe?</b><br>The service remains Good.       | <b>Good</b> ● |
| <b>Is the service effective?</b><br>The service remains Good.  | <b>Good</b> ● |
| <b>Is the service caring?</b><br>The service remains Good.     | <b>Good</b> ● |
| <b>Is the service responsive?</b><br>The service remains Good. | <b>Good</b> ● |
| <b>Is the service well-led?</b><br>The service remains Good.   | <b>Good</b> ● |

# 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.

The inspection was carried out on 5 March 2018 by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service including notifications. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During our inspection, we spoke with four people using the service, three of their relatives, four members of care staff and the registered manager.

We undertook general observations and formal observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care records, information about the management of the service and quality monitoring reports. We reviewed five staff records that included recruitment, training, supervisions and appraisals.

After the inspection, we received feedback from two health and social care professionals.

# Is the service safe?

## Our findings

People continued to receive care that protected them for the risk of abuse. Staff knew how to identify and report abuse. Staff received refresher courses and access to safeguarding procedures to keep their knowledge up to date. Concerns about people's safety and well-being were reported to the local authority safeguarding team for investigation when needed.

Staff knew how to keep people safe from harm. Appropriate risk assessments and management plans ensured staff delivered care to people in a safe manner. Health and social care professionals identified risks to people's well-being and worked closely with staff about how to provide safe care. Staff reviewed risks to people's health and well-being and updated their care plans to reflect their changing needs. Staff ensured they managed the risks in a manner which promoted people's freedom. Staff had followed guidance to manage concerns such as choking, behaviours that challenged and weight management to minimise the risk of avoidable harm.

People had their needs consistently met. One relative told us, "The staff ratios are very good. There is always someone with or near [person] to help." The provider ensured there were enough experienced and knowledgeable staff deployed to meet people's needs. The registered manager analysed the needs of each person and allocated the right number of staff required to deliver care safely. Duty rotas were planned and provision made to provide support for people to undertake activities and attend health and social appointments. We observed staff supporting people in a calm manner without rushing. Appropriate recruitment procedures were used to employ staff vetted as suitable to deliver care.

People received the support they required to take their medicines. Staff assessed people's ability to manage their medicines and provided appropriate support. Staff had attended training required to administer and manage people's medicines in a safe manner. Staff signed medicines administration records (MARs) to indicate that people had received their prescribed medicines. People had a review of their medicines to ensure these were appropriate for their health needs. Medicine management audits of the past 12 months by the registered manager, provider's senior managers and external pharmacist showed staff had followed best practice guidance.

People continued to live in well-maintained premises. Staff used the knowledge they obtained from training to prevent and control the risk of infection. Staff described the importance of good handwashing techniques and appropriate use of personal protective clothing such as gloves and aprons. Cleaning audits showed staff had schedules which they followed to ensure all aspects of the home were cleaned. The accommodation was clean and free from malodours. Health and safety checks were carried out on fire equipment, utilities and premises to ensure people were safe at the service. Staff knew how to support people to evacuate safely from the building in the event of an emergency.

People received care planned to reduce the risk of avoidable harm. Staff maintained a record of accidents and incidents which the registered manager reviewed to identify patterns. Staff followed guidance to reduce the risk of a repeat of the events.

Suitable arrangements remained in place to minimise disruptions caused by unforeseen circumstances such as adverse weather and loss of utilities. Staff told us they had access to out of hours' guidance when faced with a difficult situation or for advice.

# Is the service effective?

## Our findings

People continued to receive care that staff provided in line with evidence based guidance and current legislation. People underwent an assessment of their needs before and after they started to use the service. People's support plans contained guidance provided by consultants and other health and social care professionals involved in their care. Daily observation records showed the guidance enabled staff to provide effective care to people in line with best practice.

People reliably received support from staff who were competent in their roles. One person told us, "[Staff] know what they are doing." One relative told us, "They seemed well trained." Staff attended the provider's mandatory training, refresher courses and person specific learning to prepare them with the knowledge and skills required to undertake their roles. The training included safeguarding, health and safety, infection control, food hygiene, fire awareness and diabetes management. Staff constantly received supervision to reflect on their work and discuss additional support required. Appraisals carried out highlighted areas of development and training each member of staff required to develop their skills and knowledge. Staff were happy with the support they received. They said that the registered manager and provider listened to them and provided opportunities for career development.

People remained involved in menu planning and food preparation. People received meals that met their preferences and dietary needs as identified by healthcare professionals. Staff encouraged people to eat and drink sufficient amounts and maintain a healthy and balanced diet. People had access to the kitchen and support they required to prepare meals. People had refreshments, snacks and fruit.

People constantly had access to healthcare services when needed. One person told us, "I visit my GP when I am sick." One relative told us, "Staff help [person] to get medical attention." Staff monitored changes in people's health and involved healthcare professionals when they had concerns. Staff adapted people's care in line with guidance provided such as supporting a person to monitor their intake of sugary foods and regular checks of their blood sugar levels. Records confirmed staff supported people to access healthcare services in line with their health action plans for example annual check-ups, medical reviews and visits to their GP, dentist and optician.

People continued to live in an environment designed to meet their needs. People had access to well-equipped seating areas which enabled them to spend time alone or with others if they preferred. People furnished their rooms according to their preferences and made them comfortable. The home was well presented with pictures and ornaments on walls which helped create a homely atmosphere.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The 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 found this was the case.



Staff obtained people's consent before they delivered care. Mental capacity assessments and best interests meetings were carried out when staff had concerns about a person's ability to make decisions about their care. Daily observation records showed people received appropriate care.

People had appropriate DoLS authorisations in place to deprive them of their liberty when necessary. The registered manager maintained accurate records of people who had a DoLS authorisation and ensured staff understood the conditions to provide care in a person's best interests. Five people were subject to DoLS authorisations to enable staff to provide support in areas such as accessing the community and personal care. The registered manager reviewed people's conditions to ensure DoLS authorisations were still appropriate and submitted applications to the local authority for renewal in a timely manner.

## Is the service caring?

### Our findings

People continued to experience positive caring relationships with staff. One person told us, "The staff are easy going and friendly." Another person said, "Nothing is too much trouble." People told us staff were friendly and showed compassion when they appeared worried about anything. We observed people were comfortable around staff and talked about their plans for the day. Staff listened, giving people the opportunity to speak and respected their decisions about how they wanted to spend their time. Care records contained people's histories, likes and dislikes which enabled staff to understand how each person wanted their care delivered. For example, daily observations showed staff supported people with their routines which helped to minimise anxieties caused by change to their daily patterns. One person preferred to have meals alone and ate in a separate dining room. Staff knew people well which enabled them to develop good relationships.

People had ongoing involvement in making decisions about their care. Comments included, "Staff will ask how I want things done." Staff asked people how they wanted to spend their day and supported them with their plans. We observed staff speaking with a person about their college attendance and reminded them about punctuality. Staff arranged transport to enable people to attend a day centre or college as they wished. Staff understood how each person communicated their needs. This enabled staff to use appropriate methods of communicating when asking people to make decisions about their care. Staff used objects of reference such as a cup for tea or using body language to identify when a person was tired or hungry. Daily observation records were detailed and showed staff involved people in making decisions about their care and provided support in line with their preferences. People's families and advocates were involved when appropriate to support people to have their voice heard about how they wished to receive care.

People continued to be treated with dignity and respect. Staff promoted people's rights to maintain their individuality, experience their cultures and to maintain relationships that were important to them. The registered manager had arranged with a local church clergy to visit in line with people's wishes to be supported with their religious needs. People told us staff respected their privacy. Comments included, "Staff knock before they come in" and "They don't disturb me in the night." People had keys to their bedrooms and could lock their doors if they wished to have a quiet time or maintain their privacy. Staff understood their responsibility to maintain people's information securely and confidentially. Records and computer access to people's information and care plans was only to authorised staff. People's information was presented to them in a format they understood in line with the Accessible Information Standard (AIS) requirement.

People were supported to be independent. People carried out tasks they were capable of doing such as tidying their rooms, bringing their clothes for laundry and taking part in food preparation. One person was happy that they were attending college to learn skills on how to manage their finances independently. Another person told us how their permanent employment and a volunteer job boosted their confidence and self-esteem.

## Is the service responsive?

### Our findings

People's care remained personalised to meet their individual needs. One person told us, "Everything is as how I want." One relative told us, "[Person] gets the right support." People had care plans which stated their backgrounds, mental, physical and social needs and the support they required. Staff had information about how people preferred to receive care and received daily updates about people's conditions. Staff followed guidance from health and social care professionals who took part in regular reviews of people's health to deliver individualised support. People's care delivery changed in response to their changing needs. The registered manager provided additional support for example when a person's mental health declined and their needs had increased. People told us they were able to change their plans and staff showed flexibility to meet their needs for example when they did not wish to attend events in the community or when they wanted to have a lie in. Daily observation records showed people received care that was person centred and not task oriented.

People received appropriate support to meet their changing needs. Staff monitored people's conditions to identify and manage triggers that caused a person to show behaviours that challenged such as crowded places or loud music. Health and social care professionals were positive about the manner in which staff highlighted concerns about people's changing needs which enabled early intervention to reduce a decline of their health. The registered manager provided staff with information about the signs and symptoms of a decline in people's health and the action they were required to take to meet their needs. The provider ensured staff were suitably skilled to respond to and manage behaviours that challenged through relevant training in 'de-escalation techniques.'

People continued to have access to activities they enjoyed at the service and in the community. People had individualised activity plans which reflected their preferences and aspirations. Staff supported people to pursue their goals such as attaining vocational, functional and social skills through attending college and events in the community. People took part in a range of activities at a venue managed by the provider. People were encouraged to develop friendships to reduce the risk of loneliness and isolation. People enjoyed group activities and went out on trips, holidays and meals. The registered manager ensured there were enough staff to support people with one to one activities when needed.

People using the service and their relatives knew how to make a complaint. One person told us, "I see the manager and staff every day. I would say if something was bothering me." People said they were comfortable in talking to the staff about any concerns. People received a complaints procedure when they started to use the service. Staff reminded people in keyworking sessions about how to raise concerns if they were unhappy about the service. People using the service and their relatives wrote compliments about the service, positive staff conduct and high standards of care delivery.

People continued to have opportunities to share their views about the service. They said the registered manager and staff interacted with them well and sought their views about their care through one to one meetings and resident's meetings. The registered manager had made changes in response to people's feedback such as changing the meals or activities provided.

People's wishes about their end of life care were recorded in their care plans. Arrangements were in place to ensure that people's wishes would be respected. There was no person receiving end of life care at the time of our inspection.

## Is the service well-led?

### Our findings

People continued to be placed at the centre of the service. The registered manager promoted a person centred culture by ensuring staff involved people in making decisions on all aspects of their day to day living. Staff told us there was an open and honest culture about how they delivered care and how they learnt and improved their practice when things went wrong. The provider made available resources that made it possible for staff to deliver person centred care. The registered manager and staff showed commitment in following the provider's vision to ensure people were as independent as possible.

People using the service, their relatives and staff spoke highly of the registered manager. Comments included, "He is hands on and a very good listener", "Passionate and committed to providing good care", "Friendly and easy to talk to" "Approachable, friendly yet professional." We observed the registered manager discussing with people their plans for the day, showing interest and encouraging them to pursue the activities they wanted to undertake. Staff told us the service was managed well and said they could always receive guidance from the registered manager and deputy manager including out of hours.

Staff told us they worked well as a team. Staff said they received information about changes at the service. They held handover meetings at the start of each shift to share information about people's conditions. Staff understood their roles and responsibilities and how to escalate any concerns about people's welfare and the management of the service. Staff told us they worked well and respected each other's differences such as race and cultures in line with the provider's equality and diversity policy. Staff said they attended regular team meetings which were lively and proactive in finding ways of developing the service. Staff achievements were recognised through an employee of the month award to encourage high standards of care delivery. We observed staff interacted well with each other which enabled them to focus on providing person centred care.

People continued to receive high standards of care. Quality assurance systems were constantly used to identify areas of improvement. The registered manager carried out audits on medicines management, care planning, activities, safety of premises and equipment, infection control, staff training, supervisions and learning and development. Managers from the provider's head office and other care homes provided peer visits and carried audits as additional oversight to drive improvement. Audits of the service were detailed and showed the registered manager addressed shortfalls in a timely manner and reviewed systems when needed to improve staff practice. The audits showed staff followed procedures and best practice guidance in delivering person centred care.

The provider encouraged people using the service, their relatives and staff to be actively involved in developing the service and held annual event days for them to celebrate the year's achievements and plan for the future. The provider held an annual resident's and families conference to celebrate achievements and plan further developments at the service. People and staff completed annual surveys about the service. The provider used the feedback to develop the service. Survey results of 2017 showed people using the service, their relatives and staff were happy about how the service was managed. People commended the standards of care delivery.

People continued to experience improved services because of the close partnership between the registered manager and other agencies. Staff worked closely with a GP practice and received training about how to support people with specific health conditions. The provider supported the registered manager to attend external meetings and training to further their knowledge of developments in the health and social care sector. The registered manager shared with staff the information gained from these meetings which helped develop the service and improvements in care delivery.

The registered manager complied with the registration requirements of the Care Quality Commission and submitted notifications when needed. The registered manager continued to develop an open reflective culture when things went wrong. This ensured an honest and transparent approach to monitoring of the quality of care provided.