Solent Healthcare Limited

Poplars Care Home

Inspection report

4 Glen Eyre Way
Bassett
Southampton
Hampshire
SO16 3GD

Tel: 02380677831
Website: www.poplarscarehome.co.uk

Date of inspection visit:
19 February 2016
24 February 2016

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 19 and 24 February 2016. This was an unannounced inspection. We have not inspected this service since it changed ownership in 2014.

Poplars Care Home provides accommodation and care for 14 older people, some of whom were living with dementia. There were 14 people living at the home when we visited. The home is situated in a quiet cul-de-sac near to Southampton University and Southampton Common.

The home had a registered manager who was also the provider. They had appointed a manager and had made application for them to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This meant the manager was a dual registered person. Registered persons have legal responsibility for meeting requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's capacity to make decisions was assessed. The provider was aware of their responsibility under the Mental Capacity Act and the Deprivation of Liberty Safeguards.

Risk assessments covered environmental and personal safety aspects of people's care. People were protected from abuse as staff had received training in safeguarding and knew how to report any concerns. The provider had appropriate processes and policies in place regarding safeguarding. There were sufficient staff to support people. Staff received sufficient training and supervisions to enable them to provide appropriate care. There were safe recruitment practices to ensure staff were suitable to work in the home.

Medicines were stored, administered and monitored appropriately. We observed people receiving their medicines safely. Concerns about hygiene in one part of the home had been identified and action taken to address this.

People received support to eat and drink and maintain healthy diets. People were able to access support to maintain good health. People had access to medical support when they required it either in the home or to attend appointments.

People and staff told us about the homely feel of the home which encouraged strong and positive relationships between them. People said they were treated kindly by friendly staff. Staff demonstrated how they treated people with dignity and respect. Staff respected people's privacy and prompted them to be as independent as possible.

Where people were unable to express their views and be involved in decisions about their care, the service engaged the relatives who had appropriate authority to make those decisions. Some people felt they were involved in decisions about their care and others knew their relatives did this on their behalf.

There was a positive culture that was person centred. People, their relatives and staff told us how approachable and open the provider and manager were. The manager and provider were supportive to staff and communicated well with relatives, people and staff about their plans for the service. The provider and manager carried out a wide range of audits to monitor the quality of the service they provided.

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.

Risk assessments covered environmental and personal safety aspects of people's care.

Staff had received training in safeguarding and knew how to report any concerns. There were sufficient staff to support people.

Medicines were stored, administered and monitored appropriately. Concerns about hygiene in one part of the home had been identified and action taken to address this.

Is the service effective?

Good

The service was effective.

People's capacity to make decisions was assessed. The provider was aware of their responsibility under the Mental Capacity Act and the Deprivation of Liberty Safeguards.

Staff received sufficient training and supervisions to enable them to provide appropriate care.

People received support to eat and drink and maintain healthy diets. People were able to access support to maintain good health.

Is the service caring?

Good

The service was caring

People said they were treated kindly by friendly staff. Staff treated people with dignity and respect.

Some people were able to express their views and were involved in decisions about the care they received.

Staff respected people's privacy and promoted them to be as independent as possible.

Is the service responsive?

Good

The service was responsive

People's needs were assessed when they moved into the home. Where people's needs changed this was reviewed and changes made to care plans.

Care plans were personalised and reflected the individual's needs and likes. The provider had identified how they were going to improve information they gathered about people's likes, dislikes and preferences.

People, their relatives and staff were able to raise concerns and complaints about the service. The provider had processes in place to show how they responded to those concerns received.

Is the service well-led?

Good

The service was well led.

There was a positive culture that was person centred. People, their relatives and staff told us the provider and manager were approachable and open.

The manager and provider were supportive to staff and communicated well with relatives, people and staff about their plans for the service.

The provider and manager carried out a wide range of audits to monitor the quality of the service they provided.

Poplars Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 took place on 19 and 24 February 2016 and was unannounced. The inspection team consisted of an inspector and a specialist advisor whose area of specialism was care of older people and services for people living with dementia.

We looked at previous inspection reports prior to our inspection and also notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

We spoke with four people who lived in the service. We also observed care and support provided to people by staff. We spoke with one relative, five members of staff, the manager and the provider. We observed people at mealtimes and watched how staff supported them to take their medicines.

We looked at care plans for four people and their associated records of care. We saw recruitment and training records for five staff, looked at the provider's quality improvement records as well as feedback received and how they managed complaints.

Good

Is the service safe?

Our findings

On arrival on the first day of our inspection there was a strong smell of urine around the bedroom areas and in particular in one person's room. The registered manager showed us the action they were taking about the smell of urine. Bedrooms and communal areas were clean and well decorated. Cleaning records showed the hallway and the identified bedroom received a carpet clean every two to three days. They had engaged a company to re-furbish the hallway and bedroom which involved the removal of flooring and floorboards. They would replace with new materials that would be easier to clean and would not absorb urine. This work was due to commence within a month of our inspection.

People told us they felt safe living at Poplars. One person said, "Yes they look after you well enough. I have no reason to suspect that they wouldn't." Another person said, "I feel a lot safer here than I did at home." A relative told us, "[Person] is very safe here. Staff know them so well and are aware when they are walking around and not using their walking frame." Risk assessments were carried out based on the environment and health and safety concerns. Where risks, such as diabetes, were identified, care plans were in place which informed staff how to support people and minimise those risks.

Staff had all received safeguarding training. One member of staff said, "We check people for the usual lumps and bumps. If I found anything new I would report it to the manager." They said, "We don't have posters up, but we do have access to the office and information in there about safeguarding. It may be helpful if the number to call was visible without having to look for it." Another member of staff said, "Safeguarding training taught me how to recognise signs of abuse. I would have no hesitation in going to the manager if I thought abuse was happening." The provider had policies in place to provide staff with guidance on reporting abuse. This made reference to the Hampshire, Southampton, Isle of Wight and Portsmouth combined local authority's policy on safeguarding and abuse. The registered manager showed they knew how to manage a disclosure of abuse and how they would present this to the local authority safeguarding team.

People and staff told us there were sufficient staff to support them. There were three care staff and a cleaner morning and afternoon. There were two members of staff in the evening. An allocated member of care staff prepared the meals for people when they had completed their care tasks. The provider assured us that they or the manager supplemented support in the afternoon and evening. We saw both of them delivering care to people throughout the time of our visit. The provider demonstrated how they had identified hours of care required based on the needs of people and the type of support they required.

There were effective recruitment processes in place that made sure staff were knowledgeable and suitably experienced to support people. When selecting staff the provider was aware of characteristics of staff that people had identified they preferred staff to have. Appropriate checks such as Disclosure and Barring Services (DBS) were carried out and references received before staff could work in the home. The DBS check helps employers make safer recruitment decisions and prevents unsuitable people from working in care settings.

Medicine storage was appropriate and well organised. We observed new medicines being delivered to the home by their local pharmacist. This was checked by a senior member of staff and was appropriately recorded, signed for and stored until they would be required. Staff asked people if they would like their medicines before administering them. Once people had taken their medicines staff recorded this in each person's Medication Administration Record (MAR). We saw these had all been completed appropriately.

One person received their medicine covertly (on a spoon with food). Care plans showed this had been agreed at a multi-disciplinary meeting involving a GP, pharmacist, social worker and relative. Review dates had been set to see if this needed to continue or whether the person's needs had changed.

Protocols were written in people's care records concerning the administration of homely remedies (medicines that can be purchased from a pharmacy), such as paracetamol, Senna, Strepsils and Gaviscon. These were authorised and signed by the GP and gave clear guidance on when to give medicines, how often they should be given and when to contact the GP.

All staff who administered medicine had received training in how to do this. Once they had completed their training they were observed administering medicine by the registered manager and were assessed as to their competency to administer medicines safely. Medicine was being managed consistently and people were assured they were receiving medicine as prescribed and by staff who were qualified to do this.

Good

Is the service effective?

Our findings

People told us staff knew what they were doing and trusted them to give them the care they required. One person said, "Staff are all good and know me well. Sometimes they know me too well and remind me about cakes as I have diabetes." A relative said, "I am so glad we got my relative into here. Staff have been great with them and they know what they like and how to care for them."

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 is 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 interest and as least restrictive as possible. There was an assessment of people's capacity to make decisions, such as whether to have a flu vaccination or to share a bedroom. Staff had received training in MCA.

The provider had appropriate processes in place in relation to Deprivation of Liberty Safeguards (DoLS). 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. We checked whether the service was working within the principles of the DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff told us what their understanding of DoLS was and were able to identify people within the home who had DoLS authorisations in place. One person's records showed an urgent application had been made following an incident where the person tried to leave the home without staff. The application clearly stated reasons why the person would be unsafe and identified potential harm that the person could experience.

Staff told us what they thought about their training. One member of staff said, "This is the best training I have had and I have learned more here than anywhere else I have worked." All staff told us their induction was comprehensive and gave them the knowledge and skills to work with people. There was a comprehensive range of training events in place to ensure staff received necessary training and regular updates.

The provider shared with us new initiatives they had commenced with local colleges and health services to provide training. All staff were enrolled on a course at Brockenhurst College for a certificate in the principles of dementia care. This consisted of time in college and completion of distance learning packs. One member of staff said, "This course was really helpful and I now have a better understanding of the people I work with." The manager had also commenced a course at a local hospice along with two members of staff. This was 'six steps to success – end of life care." This provided staff with information on how to prepare and ensure better management of a person's end of life care plan. Once they had completed this course they would be able to cascade information to staff.

Staff had obtained other nationally recognised courses relevant to their role. Care staff had completed National Vocational Qualification (NVQ) Level 2 in 'care of the elderly' and senior staff had obtained NVQ Level 3 in 'care of the elderly'. Other staff had lead roles in areas such as dignity and control of infection. They had attended appropriate courses to enhance their knowledge in these areas.

Staff told us they received regular supervisions with the manager. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support and discuss training needs. One member of staff said, "I enjoy my supervisions as I can talk to the manager about the people I work with. I can also tell them about what people have been telling me." Another member of staff said, "I didn't have many supervisions with the previous owner, so it was a shock when I met with the manager. They made me think about how I worked with people, which made me change my approach." The provider said they had not completed appraisals of newer staff as they had not been in post long enough. Other staff had received an annual appraisal.

People told us they enjoyed the food. One person said, "It's quite palatable," A relative said, "Staff have been great with my relative's eating. When they lived at home they often forgot to eat and seemed to have lost their appetite. Since they have been here they are eating a lot better and have actually put on weight. Whatever they [staff] are doing it's fantastic." We observed a meal time and saw staff served the food wearing appropriate protective equipment such as gloves, aprons and hats. The meal experience was sociable and people received a good size portion of fish and chips. People were offered a choice of drinks with their meals and staff asked if people needed a top up to their drink. One person had chosen an alternative to fish and chips and received this in their room as they preferred to eat alone. One person required support to eat their meal in their room. Staff made sure the person had drunk their soup and eaten a large amount of their main meal. They encouraged them with their drink and made a record of what the person had eaten as they were being monitored due to their low weight. Nobody required a puree meal and two people who had type 2 diabetes had a low sugar alternative sweet after the main meal. Meal-times were calm and relaxed and staff took time to speak with people about the food and have general conversations.

People were able to access local healthcare services when required. On the day of our second visit a person had fallen during the meal time. Staff ensured the person was safe and comfortable and encouraged them to stay on the floor. An ambulance was called and paramedics attended. First aid was given and the person was taken to hospital for observation as they had banged their head. The manager informed us later that the person was well and had been admitted to the hospital for overnight observations. Throughout the course of our visit the manager and staff had been in contact with the hospital and the person's relatives.

One person told us, "I never have to wait long to see a doctor, they all [staff] make sure that I am fit and well." A visiting healthcare professional told us how if the staff had any concerns or issues they always call the district nurses. A relative said, "[Relative] is always well cared for and as soon as anything is wrong they [staff] call us and tell us they have made an appointment." Another relative said, "My only concern is that [relative] keeps losing their hearing aid, but I know that they often take it out and hide it."

Good

Is the service caring?

Our findings

People and staff told us about the positive relationships they enjoyed. One person, "I believe the staff are very caring and my relationship with them is very friendly". Another person said, "You can't fault the staff for their attitude. They genuinely care and will do as much as they can for you." A relative said, "I've got to know staff well now and I can say they care about me just as much as they do my parent." A member of staff said, "We work really hard and I have a great relationship with people. If only we had more time to spend with people. I love chatting to people and they have so many interesting stories about their lives that we can learn so much about them." Another member of staff said, "because it's a small home people are happier. We have a real homely feel and we are all one big happy family."

We saw how staff interacted with people and how people responded to different members of staff. When staff talked with people we saw them bending down and maintaining eye contact with them. They were attentive and polite and when they did not quite understand what people had said they tried to confirm what they had heard. With one person who had difficulty with their hearing, staff spoke clearly and with short sentences. The person was comfortable with this and was able to understand what staff had said. People were addressed by their preferred names.

Staff told us how they maintained people's privacy and dignity. One member of staff said, "I always knock on the door and let them know it is me and what I will be doing. I won't go in until they have asked me to come in. When I deliver personal care I always shut the door and close the curtain. I always cover the person's private areas with a towel. When helping them to wash I always try to get them to do as much as possible for themselves." Another member of staff said, When supporting people with their food I encourage them to do as much as they then ask if they want me to help."

The provider had appointed one member of staff to be a dignity champion. This was an initiative by the local authority to encourage each care home to have a dignity champion. Their role would be to receive training and meet with other dignity champions to discuss and share ways in which they could encourage staff to ensure people were treated with dignity and respect. The dignity champion had prepared some activities for staff to do during staff meetings to identify dignity focused practices.

People's rooms were becoming more homely and friendly. The provider had a plan to re-furbish communal areas and people's rooms. When they first bought the home they asked people what changes they would like to see. Most of the comments were about the lounge and dining rooms. People were involved in choosing colour schemes, flooring colours and some types of furniture. This was also the case with people's rooms and if they wanted wallpaper they were shown samples with the colours and patterns they wanted.

People's rooms were personalised and contained pictures and mementoes of their lives. One person carried a book of photos of when they were in a band. Staff stopped and talked to the person as they talked about their experiences. Another person was very proud of their service in the RAF and their room reflected this interest. Staff knew people's interests and experiences well and were able to engage in conversations about them.

People were encouraged to make their views known by attending residents meetings. The last meeting had been held in October 2015 where they discussed a raised vegetable plat in the garden. They also identified they would like to see photos of activities and outings to be displayed on the wall. This had been done and we saw people talking about the photos and the day's activity. The provider and manager spent time talking to people as well to find out what they thought about the service.

Good

Is the service responsive?

Our findings

People received care that was personal to their needs. One person told us how staff responded to them. They said, "Staff are always there when I need them. I never have to wait long for them when I use my call bell. When they get to me nothing is too much trouble for them." A member of staff said, "Personalised care is individual to that person. Each person has different needs and we need to show how we meet those different needs."

Most people were aware that they had a care plan. One person said, "I have a lot of information about me in the care plan. Staff and the manager asked me a lot of questions about my life, what I liked and what was wrong with me." Another person said, "Staff have records about me and I know they need it so that they all know what to do with me and what I like to do for myself. If anything needs to be changed I can talk to the manager or a member of staff. I am happy with the care they give me though."

Before people came to live at the home the manager carried out an assessment. Where possible they tried to involve the person in talking about what their needs were. They also spoke with the person's relatives and health and social care professionals. This assessment was updated to reflect when people's needs changed. The provider had recognised that the information they gathered could be better and was looking at how they could improve their assessment tool. They felt they needed to strengthen the section on likes and dislikes as this reflected mostly food, drinks and activities.

Care plans were personalised and were based on the person's identified needs from the assessment. Each person's care plans gave guidance for staff on how they should support the person. For example one care plan for one person identified they suffered from hypertension. The care plan described how staff monitored physical signs, gave the prescribed medicines and when and how often they should take the person's blood pressure. There was a clear instruction to staff about the need to contact the GP or emergency services if the person's blood pressure was higher than a specific figure.

People were able to talk about their experiences of the care they received within the resident's meeting and by talking to the provider or manager. One person said, "If I had any concerns I would talk to the manager about it." Another person said, "I wouldn't want to make a fuss but I would talk to one member of staff if I ever felt worried about anything." The manager shared with us a written comment they had received which was about food a person did not like. The manager made sure staff were aware of this and a note was evident in the kitchen about this person's choice.

People told us they were able to join in activities within the home. The home had a member of staff who took a lead role in developing a range of activities within the home. On the day of our visits two people were attending their regular day services. One person told us, It's important to keep going as I have lots of friends there." The garden had been overgrown and the provider had cleared the garden, put in a pathway and built a hen house and run with chickens. People spoke about the chickens and we saw photos of this project on a notice board. The home also had a cat which people spoke warmly about. One person said, "I've always had pets and am so used to seeing them walking around. That's what makes this place so special." As well as

activities within the home we saw a number of visits had been booked to garden centres, a coffee bar and shops. People told us about going a boat which was adapted for wheelchair access. The manager said they had arranged two more outings on this boat for the summer as people had found it too cold when they used it at the beginning of autumn.

The provider carried out an annual survey about the quality of the service. They received responses from people, relatives, staff and health and social care professionals. The last questionnaire in 2015 contained mainly positive feedback. Comments from people included, "I've not been here very long but I am very satisfied." and, "This is a very pleasant place and staff are very helpful." Visitors and professionals said, "The care given by staff is always to a high standard," and "All staff have a fantastic relationship with people." A relative said, "[Person] is always well looked after."

A staff survey produced some different responses. One member of staff commented, "A new washing machine would help." We saw there was a brand new washing machine and tumble drier in the laundry room. Another member of staff said, "Regular supervisions would help staff to understand what their job role is and what is expected of them." We saw that staff were receiving supervisions regularly and we had received positive comments from staff about supervision.

The provider had received a visit from the local authority safeguarding and quality team who had identified there was not a copy of the provider's complaints policy on display. We saw this was now displayed on a notice board in the hall along with details of how to make a complaint. The provider told us of a complaint they had received in September 2015. We saw this had been acknowledged by the provider and their response by email on how they were taking action to ensure the cause of the complaint did not occur again. They had also reported this to the local authority safeguarding team and the CQC.

Good

Is the service well-led?

Our findings

People and relatives told us about improvements in the home and management since the home had changed hands. One relative said. "Things are certainly much better now than they were before. They [the provider and manager] have certainly tidied this home up. It looked uncared for and you can see where they have made improvements" One person said, "This is a much happier and better place to live in now."

The provider was also the registered manager. They had appointed a manager to assist them with the day to day running of the home and were looking at this person to become the registered manager. Staff told us how they enjoyed working with the manager and provider. One member of staff said, "They are interested in making sure that I know what my job is and have supported me with my training. " Another member of staff said, "I feel supported as the manager is accommodating, listens and supports me even with family matters. The provider and manager are both very approachable."

When asked about the visions and values for the service one member of staff said, "I don't know." Another member of staff said, "It's in the service user guide." However a third member of staff said, "This is a family run home that is very friendly, warm and extremely person centred. For example last week it was [person's] 97th birthday and we had a party for them. They were so happy and everybody joined in. The relatives thanked the staff for the effort they put in. This wouldn't have happened before."

A relative said, "It's a great place, well run and the communication is excellent. I can't believe how happy [relative] is here and they really like it. The manager is always available and I know I can talk to any staff at any time." We saw how the manager was with relatives and they knew them well and enjoyed talking to them. Another relative said, "I feel really involved in [person's] care. I know if I forgot to bring in something they liked a member of staff or the manager would walk up to the shops to get it for them."

The manager was aware of current thinking on aspects of caring for people living with dementia. They explained how they were using colours of rooms to help people orientate themselves to areas and not confuse them. They were painting doors to rooms different colours and explained how they had seen vinyl prints of different doors to help people recognise which was their room. They had also taken initiatives to develop their knowledge and understanding of end of life care as they had noticed people were stating they wished to remain in the home rather than going to hospital.

The provider had prepared a three year improvement plan since taking over the home in 2014. We saw how they had identified areas that needed to be improved and any building or decoration work that was necessary. This showed they had a systematic approach towards improvements and gave a timescale for achieving a large number of improvements. For example they had identified the dining room and lounge as an area that needed improvement. This included knocking out a wall to increase space. The carpet and all of the furniture was replaced and the room had been re-decorated. The final part of the improvement to this area was curtains which had recently been fitted. People told us how proud they were of this area. One said, "It is a major improvement. We feel so posh now and so much happier to be in the lounge now."

The provider and manager undertook a wide range of audits of the quality of the service. This included an audit of accidents and incidents where they were looking for trends and lessons they could learn from these. For example they identified one person had six falls within the last year. They increased night time observation on the person and contacted the falls team for advice on how to keep this person safer. A catering audit identified food safety assessments and monitored staff food hygiene certificates. This also looked at food storage and stock checks on 'use by' dates of food. A cleaning audit identified which areas were daily cleaned and gave a rolling rota of deep cleaning of different areas of the home. This include the odour in the hall and room we had noticed. This audit also identified that the carpet shampoo machine needed to be replaced.

The manager undertook regular health and safety checks which included weekly fire alarm tests and checks of emergency lighting and fire-fighting equipment. A recent infection control audit identified it was necessary to replace carpets in three rooms. They also carried out regular checks of the grounds and any maintenance issues they had identified. Care and staff records were also audited to ensure they were complete and were reviewed regularly.