

The Edmund Trust The Poplars

Inspection report

58 Station Road
Histon
Cambridge
CB24 9LQ
Tel: 01223 883130
Website: www.cambridgeshiremencap.co.uk

Date of inspection visit: 24 and 29 September 2015
Date of publication: 16/11/2015

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 

Overall summary

The Poplars is a care home registered to provide accommodation and non-nursing care for up to five people. Only short stays are offered. During this inspection there were five people in residence.

The home is a converted period property located in a residential area of Histon. The five bedrooms are single rooms and each has an en suite bathroom. Shared areas of the home include a lounge, dining room and kitchen.

This inspection took place on 24 and 29 September 2015 and was unannounced. On the first day of the inspection we visited the home. On the second day we spoke with relatives and staff on the telephone.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

Summary of findings

The home was managed on a day to day basis by a manager and a team leader who were both present during our inspection. The registered manager was not available.

People were happy at The Poplars and they and their relatives were complimentary about the staff and the management team.

There were enough staff to support people in the way they wanted to be supported. Staff had been trained to recognise and report incidents of harm and any potential risks to people were managed so that the risks were minimised. All the required pre-employment checks had been carried out before staff started work. People were given their medicines safely.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed. Applications for authorisation to deprive some people of their liberty had been submitted to the local authority, which meant that people's rights in this area would be protected.

People were encouraged to help staff cook the meals. They were supported to make choices in all aspects of their daily lives. People were supported to access healthcare professionals when needed.

Relationships between people who lived at The Poplars and the staff were good and staff showed they cared about the people they were supporting. Staff treated people well and respected their privacy. People were encouraged to be as independent as possible.

People were involved in the planning and reviewing of their care. Detailed, personalised information was available to staff so that each person received the support they needed in the way they preferred. A range of activities and outings was offered to people and there were strong links with the local community.

The home was managed well. People, their relatives and the staff were encouraged to give their views about the home and put forward their ideas for improvements. People knew how to complain and felt comfortable with raising any issues with the management team. An effective system was in place to monitor and audit the quality of the service being provided at the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were trained and knowledgeable about how to safeguard people and keep them safe from harm.

There were enough staff to meet people's needs. The recruitment procedure ensured that only staff suitable to work in a care home were employed.

Measures were in place to make sure that any potential risks to people were minimised.

Good



Is the service effective?

The service was effective.

Staff received training and support to make sure they were knowledgeable and competent to carry out their role.

Appropriate arrangements were in place so that people's rights were protected if they did not have the mental capacity to make decisions for themselves.

People were provided with sufficient food and drink to meet their nutritional needs.

Good



Is the service caring?

The service was caring.

People were supported by kind and compassionate staff in a way that respected their privacy.

People were encouraged and supported to be as independent as possible and to make their own decisions.

Staff showed they cared about the people they were supporting.

Good



Is the service responsive?

The service was responsive.

People were involved in planning the support they wanted. Care plans gave staff detailed, personalised information on how to support people and keep them safe.

People were supported to be involved in a range of activities of their choice and outings were offered to people.

People and their relatives knew how to complain if they needed to.

Good



Is the service well-led?

The service was well-led.

The home had an open culture, which encouraged ideas for improvement from everyone involved.

Staff felt very well supported by the management team.

Good



Summary of findings

An auditing system was in place to help ensure that a good quality service was offered to people who stayed at the home.

The 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 inspection was carried out by one inspector. Prior to the inspection we looked at information we held about the home and used this information as part of our inspection

planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

We spent time in the shared areas of the home where we observed how the staff interacted with people who were staying at The Poplars. We spoke with three of the five people who were staying there, four support staff, two team leaders and the manager.

We looked at two people's care records as well as some other records relating to the management of the home. These included staff training records and some of the quality assurance audits that had been carried out.

Is the service safe?

Our findings

People told us they felt safe at The Poplars. One person said, “They [the staff] are kind and I feel safe.” Another person told us that they knew the staff would never hurt them. Relatives were also sure that their family members were safe at the home. One relative said, “No-one would ever hurt [name].” A second relative told us, “Nothing’s ever happened to make us think that [name’s] not safe.”

Staff were aware of the procedures to follow if they thought that anyone was the subject of harm. They told us, and the manager confirmed that they had undertaken training in safeguarding people from harm. They demonstrated that they would recognise and report any concerns. They said they would report to the manager, or there were telephone numbers on display and on their work emails if they needed to report to an external agency such as the local authority safeguarding team. Information was available in the home’s brochure and on the board in the office. This meant the provider had an effective system in place to keep people safe from harm.

Care records showed that potential risks to people had been assessed. Guidance for staff had been put in place so that staff knew what actions to take to minimise any risks to people, without, as far as possible, limiting their independence. Staff told us that they had “put all sorts of things” in place to make sure people were safe. For example, one person was assessed at risk of falling from their bed during the night. They were also assessed as being at risk if bed rails were in place. A low bed was used, with an additional mattress on the floor so that if they fell they would not injure themselves.

Staff told us that they had received training in how to deal with people’s behaviour if the behaviour meant that the person, other people or staff could be at risk. They

explained that they used deflection and distraction techniques and did not physically restrain people. This showed us that staff considered alternative methods rather than physical restraint.

There was a sufficient number of staff on duty to meet the needs of the people staying at the home. The manager explained that staffing numbers were based on the needs of the individuals staying there. Staffing levels were increased when people who needed additional support, such as hoisting, were admitted.

Staff told us that all the required checks had been carried out before they were able to start working at the home. These included references, including from previous employers, proofs of identity and a criminal record check. This meant that the provider had taken appropriate steps to ensure that staff they employed were suitable to work at this care home.

We checked how people’s medicines were managed. As a respite service was provided at this home, people’s medicines arrived with them and had to be sent home with them when they left. Records showed that medicines had been handled well. People’s medicines were booked in when they arrived and staff noted if there were any changes from the previous admission. Changes were confirmed with the person’s carers or with their GP. One person told us they kept their own inhalers “locked away in my room.” They said staff reminded them to use the inhaler before they went to bed.

We noted that medicines were stored safely and had been signed for when they had been given to the person. We checked the amounts of a medicine remaining in its original packet. We found that the amount tallied with the records. All remaining medicines were booked out and sent home with the person when they left. No medicines were kept in stock. This meant that the provider had a system in place to ensure that people were given their medicines safely and as they were prescribed.

Is the service effective?

Our findings

One relative described the service their family member received at the home as “brilliant”. They knew their family member liked going to the home and was well looked after by staff trained to do their job properly.

Staff told us they had undergone an induction period when they first started working at the home and described their induction and training as very thorough. One member of staff said their induction lasted four weeks and included training sessions and working alongside experienced members of staff.

Staff said that they had undertaken training in a wide range of topics relevant to the work they performed. One member of staff said, “I’ve had so much training. It was every week for the first four months.” The manager told us that as well as all the required training, staff had undertaken training specific to the needs of the individuals who were staying at the home. When a new person with specific needs was offered a service, staff were trained to meet those needs before the person first arrived. This had included topics such as epilepsy, diabetes and enteral (directly into the stomach) feeding.

Staff told us they were very well supported. They received monthly one-to-one supervision sessions and had team meetings every two weeks. They said that their managers were available, either in person or on the telephone, at all times of the day or night if they needed advice.

The manager told us that staff had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager was aware that assessments of people’s mental capacity to make their own decisions had not been carried out. Some decisions, such as that people could not leave the house without the support of staff, had been made by staff, which was not the

lawful way to make such decisions. The manager told us that they were liaising with the social work team to resolve this. Two days after the inspection the manager wrote and told us that they had contacted the local authority’s expert on this subject. The expert had discussed whether individuals were being deprived of their liberty and if so that applications for authorisation to do this were made to the local authority. The manager told us that applications had been submitted for a number of people who were about to be admitted to the home and that further applications would continue to be made. This meant that in future people’s rights in this area would be protected.

Meals were provided by the home’s support staff. People who wanted to were enabled to assist with shopping and preparing meals. Staff said that each person had been assessed for any risks related to malnutrition and dehydration. Changes to their care plans had been made and any special measures required had been put in place. Daily record sheets had been amended for one person who was at particular risk. This was so that staff could keep a record of exactly what and how much the person had eaten and drunk.

With regard to people’s healthcare needs, the manager explained that because the home provided a respite service, people’s healthcare needs were usually met by their carers. The manager said that generally no healthcare appointments took place while people were on their respite stay. However, if people became unwell, or if someone had an appointment that fell during their stay, staff supported people to attend appointments. Care records showed that people had a healthcare passport in place. If someone needed to be admitted to hospital in an emergency, the healthcare passport would go with them so that hospital staff would know about their healthcare needs.

Is the service caring?

Our findings

People told us that they liked the staff. One person said, “I like being here and I like all the staff.” Another person told us, “I enjoy coming here: the staff are very nice.” When we asked one person what was the best thing about The Poplars, they said, “The staff.” Relatives told us that the staff were very open, very friendly, caring and supportive. One relative said they trust the staff and feel they can talk to them about anything. Another relative had written, “Thank you so much for your wonderful care of [name] during [their] stay with you. [Name] speaks of you all with great affection and we are grateful to you for making [them] feel so welcome and for taking such good care of [them].”

We saw that people staying at The Poplars and the staff who worked there got on well together and were comfortable in each other’s company. Staff treated people with compassion and kindness and people’s needs were met in a caring way. We saw staff sitting with people in the lounge and in the dining room, chatting and having fun together. There was a lot of friendly banter, both from people staying at the home and the staff.

People and staff showed respect for each other and spoke politely to each other. One member of staff told us, “We [the staff team] work really well with each other and with people who stay here. We treat people how they should be treated: we respect people.” People’s privacy was respected by other people staying at the home and by staff. People knew that they did not go into other people’s bedrooms uninvited. Staff always knocked on the door and waited for an answer before entering. People’s confidentiality was respected. Staff did not discuss people in front of other people and care records were kept in a locked office. Staff asked a person’s permission before they spoke with us about the person.

People were fully involved in planning their day to day care and support. For example, we saw that staff asked each person what they would like to eat for their evening meal and whether they wanted to help staff prepare it. Staff told us they sometimes prepared a different meal for each person. While we were there, people were also asked what they wanted to do after dinner. Staff made sure that each person had the opportunity to contribute to the discussion and that each person’s ideas were listened to. People decided to walk to the local pub for a drink.

People who stayed at the home were encouraged and supported to be as independent as possible and do as much as they were able to for themselves. Staff were fully aware that for some people this was more of a challenge as they were used to having everything done for them. Nevertheless, staff persevered and were full of praise when a person achieved something they might not have usually done. Each person’s support plan detailed what the person could do for themselves and what they needed assistance with.

The nature of the service offered at this home, for people and their families to have a break from each other, meant that usually people were only supported to make contact with their families if they really wanted to. However, sometimes people stayed at the home in an emergency and then contact was encouraged. At the time of the inspection one person’s main carer had been admitted suddenly to hospital so staff supported the person to visit their carer in hospital. This had alleviated the person’s anxiety about their carer’s condition and enabled them to enjoy their stay at The Poplars.

Almost all of the people who stayed at the home had families to advocate on their behalf. However, the manager told us that advocacy services were available if a person needed an advocate. This would be discussed with the person’s social worker.

Is the service responsive?

Our findings

People told us they had been fully involved in deciding on the care and support they needed from the staff. One person confirmed that they had seen their support plan and had been able to say what support they wanted. One member of staff said, “We fill it [the support plan] in with people so they have as much input as possible, and with their carers.” A relative told us they had been involved in planning their family member’s care and support “in the initial stages”. However, as their family member was able to express their own needs, they had had little input recently. They said their family member was happy with his support.

Support plans were personalised and gave staff detailed guidance on the way each person had agreed they wanted to be supported. The plans included ‘about me’ pages, which were very descriptive about the person. Staff told us they found the plans very useful and informative.

In spite of this being a respite service where people only stayed for a short time, staff were fully aware of each person’s needs and what was important to each individual. One member of staff explained that the person’s support plan was retrieved from storage the day before the person was due to arrive. This was so that staff could re-familiarise themselves with the plan and the person’s needs. Support plans were reviewed after each stay and updated when a person’s needs had changed.

Support plans described what each person could do for themselves and the support they needed from the staff. The manager said that information about each person was gathered in a number of ways before the person arrived for their respite break. This included a formal assessment of the person’s needs carried out by their social worker; discussions with the person and their carers at their own home; and visits to the home. This meant that staff had sufficient information about the person to ensure their needs were met in the way the person preferred.

Support plans included information about what the person liked to do while they were staying at the home. Some people continued to attend their day activities outside the home. Other people took the opportunity to have a break from their usual routine and liked to do things with the staff, such as shopping, which they did not usually do. Staff

offered people choices, based on the preferences detailed in their support plan. One person had asked staff if they could do a particular activity during their next respite stay. Staff had made a note in the diary and the person told us they were “absolutely sure” that they would be supported with this activity the next time they were at the home.

One person showed us their support plan. They were very proud of all the photographs the plan contained, which showed what they needed to be supported with and what they liked to do. They told us they had taken some of the photographs themselves. This person said, “I like being here. I do enough.” They showed us a list they had written of all the things they had done whilst staying at the home. This included shopping, for food and for personal items; going swimming; going to various pubs; and going on trips out such as to the seaside. This person also told us that in the summer they had barbeques in the garden, they were having a party on 10 October and they were going to have another party for Halloween. Another person told us they liked going to the garden centre and they liked to cook the dinner.

The provider had a complaints procedure which was displayed in the hallway. Support plans contained details of the ways in which staff could recognise if someone was not happy and how staff could support that person to raise their concerns. In one person’s support plan we saw that the person had told staff what made them happy, what they worried about and how they would tell staff if they were worried. This person said to us, “It’s okay here. There’s nothing they could do better.” One relative said, “[Name] never comes home worried or not wanting to go. I’d know if s/he wasn’t happy.” Staff were clear about their responsibility to support people to make a complaint if they were not happy about something. Staff were confident that the issue would be resolved.

Relatives told us they would have no problem at all raising any concerns with the staff or the manager. One relative said, “We’ve no complaints.” Another relative told us they had raised an issue with the manager and the issue had been resolved. They said they would also speak to the team leader and they had confidence that any concerns would be addressed. The manager told us that a record of complaints was kept and all complaints were responded to within the provider’s timeframe.

Is the service well-led?

Our findings

The staff and management team of the home had received a number of compliments. One person had written, “Thank you for helping me feel happy and comfortable with you on my stays. Thank you for all the trips out too.” One person’s relatives had written, “Thank you so much for all the care, kindness and support that you have given to [name]... You have helped [name] to feel safe and valued at a very difficult time in [their] life and we are very grateful to you all.”

A member of staff said, “I can’t speak highly enough about the service [provided at the home].” Another told us, “I wouldn’t still be there if I wasn’t happy. I love working there.”

There was a registered manager in post but she was not available at the time of the inspection. People, staff and relatives were not aware that she was the registered manager. The home was run on a day to day basis by a person whose title was ‘manager’ and who was known to everyone as the manager. The manager told us that they saw the registered manager every day and she was “very aware of everything that’s going on.” The manager was based at the provider’s office nearby but spent time at the home. The manager was very well supported by a team leader who spent all their time at the home.

The manager told us that people were actively involved in how the home was run on a day to day basis as they were enabled and encouraged to make choices about everything that happened in the home. At the end of each stay each person was asked to complete an ‘exit questionnaire’. They did this with staff before they went and any suggestions were taken on board, if possible, when the person next came to stay. We saw one exit questionnaire: the person had rated the home five out of five. The provider had a ‘people’s action group’ and people who stayed at The Poplars could be involved, with people who used other services run by the provider. The group assisted, for example, with ensuring that policies and procedures were relevant and up to date and that the services were being run as people wanted them to be.

The manager told us that a questionnaire had recently been sent to families, but the provider had realised that the questions were not good enough to give them any useful information. The questionnaire was being reviewed and would be sent out again in the near future.

Staff told us that people who stayed at the home were involved in interviewing staff. They said that one person had asked them 12 questions at their interview, about how the new staff member would support them. For example, the person asked, “How would you support me to sky-dive?” The manager confirmed that this took place at every interview. They said the score that the person gave the new staff member counted towards the final decision about whether the new staff member should be employed.

People were involved in the local community because staff supported people to access local facilities, such as the swimming pool, shops and pubs. One member of staff said, “There’s a community feel in Histon and people staying here are definitely part of it.” An annual party was held for all the people who used the respite service and their families in the Baptist church hall and staff and locals in one of the pubs knew almost everyone by name. Fund-raising events were held at The Poplars, which were well supported by the village.

Staff told us they felt very well supported, by the management team and by other staff. One member of staff said, “The new Chief Executive Officer (CEO) has done brilliant things. The management team are really approachable and supportive.” This member of staff also said, “[Name’s] a good team leader, very supportive. All the staff are brilliant and very supportive.” Another member of staff described the team leader as “brilliant”. Staff explained that they had one-to-one supervision every month and team meetings were held every two weeks. They said the manager was available, either on the premises or by phone, “24/7” (at all times). This showed us that staff were supported in their roles.

Staff confirmed that they were aware of and understood the provider’s whistle-blowing policy but that they had never had to use it. They felt they would be perfectly safe if ever they needed to blow the whistle on a colleague.

The provider had a system in place to audit and monitor the quality of the service being delivered to people by the staff. Various aspects of the service provided by the home were audited regularly by the management team. This

Is the service well-led?

included audits of medicines, support plans, finances and health and safety. The manager told us they completed a report twice a month for the registered manager, who also carried out their own audit “occasionally”. Accidents and incidents forms were completed by staff. The information was analysed at the provider’s office so that any patterns could be identified and actions put in place to reduce the problem.

Records were maintained as required and kept securely when necessary. Records we held about the home confirmed that notifications had been sent to CQC as required by the regulations.