North Yorkshire County Council

Popplewell Springs

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an announced inspection carried out on 15 November 2018.

This was the first inspection of Popplewell Springs since its registration.

Popplewell Springs provides personal care and support to people living in 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for extra care housing, this inspection looked at people's personal care and support service. The complex comprises 51 apartments. They are for single person or double occupancy.

Not everyone living at Popplewell Spring receives regulated activity. At the time of the inspection there were 10 people in receipt of a service.

The service had a registered manager 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 told us they felt safe and were well cared for. There were sufficient staff hours available to meet people's needs in a safe way and staff roles were flexible to allow this. Staff knew about safeguarding vulnerable adults procedures. Staff were subject to robust recruitment checks. Arrangements for managing people's medicines were also safe. Appropriate processes were in place for the administration of medicines.

People were informed about what they could expect from using the service. There was good teamwork in co-ordinating and delivering people's care.

People told us their privacy, dignity and confidentiality were maintained. Staff understood the needs of people and care plans and associated documentation were clear and person-centred. Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People told us staff were kind and caring and they felt comfortable with all the staff who supported them

People were able to make choices about their daily lives. They 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.

There were effective systems to enable people to raise complaints, and to assess and monitor the quality of the service. People told us they would feel confident to speak to staff about any concerns if they needed to. The provider undertook a range of audits to check on the quality of care provided. These methods included feedback from people receiving care.

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.

Systems were in place for people to receive their medicines in a safe way.

Staffing levels were sufficient to meet people's needs safely and flexibly and appropriate checks were carried out before staff began work with people.

People were protected from abuse as staff had received training with regard to safeguarding. Staff were able to identify any instances of possible abuse and would report it if it occurred.

Is the service effective?

Good

The service was effective.

People were provided with good standards of personal care by staff who were well trained and supported in their roles.

The service assisted people, where required, in meeting their health care and nutritional needs.

Staff worked together, and with other professionals, in co-ordinating people's care.

Systems were in place to ensure people consented to their care.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and supportive of people and their families.

People were encouraged to express their views and make decisions about their care.

Privacy and dignity were respected and people's independence

was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and people's abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who encouraged an ethos of involvement amongst staff and people who used the service.

Communication was effective and staff and people were listened to.
Staff said they felt well-supported and were aware of their rights and their responsibility to share any concerns about the care provided.

The registered manager and provider monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

Popplewell Springs

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 took place on 15 November 2018 and was announced.

We gave the service 24 hours' notice of the inspection visit to ensure someone would be available at the office.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information, we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the local authorities who contracted people's care and other professionals who could comment about people's care.

During this inspection we carried out general observations.

During the inspection we spoke with four people who lived at Popplewell Springs, the registered manager, the team leader, three support workers and one visiting health care professional. After the inspection we telephoned one person and one relative to collect their views about the care provided. We reviewed a range of records about people's care and how the home was managed. We looked at care records for four people, recruitment records for three staff, one person's medicines record, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, the maintenance book and quality assurance audits the registered manager had completed.

Good

Is the service safe?

Our findings

People and staff told us they felt safe with the support they received from the service. Their comments included, "I feel quite safe with the staff who visit me", "Yes, I feel safe living here" and "I am reassured by the knowledge that I can press my button in an emergency and the help is just seconds away." One relative told us, "I have peace of mind, the support workers are there to support [Name]."

People who used the service and staff were kept safe because suitable arrangements for identifying and managing risk were in place. Risk assessments were carried out to identify risk. People's care plans highlighted any areas of risk to people's safety and wellbeing, in areas such as mobilising, falling or choking. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. However, more regular evaluation was required to ensure they accurately reflected any current risk to people. We discussed this with the registered manager who told us it would be addressed. Risk assessments were also used to promote positive risk taking and support individual lifestyle choices, such as going out unsupported. Staff could explain how they would help support individual people in a safe manner. Where an accident or incident did take place, these were reviewed by the registered manager or another senior staff member to ensure that any learning was carried forward.

People told us there was good security and fire drills took place. There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been regularly serviced. An up-to-date fire risk assessment was in place for the building. Personal plans were devised to support tenants in the event of needing to be evacuated from their homes. Emergency planning formed part of each person's care plan, capturing details of who they wanted to be contacted in an emergency. A business contingency plan was in place to manage the service in emergency circumstances.

Staff were clear about the procedures they would follow should they suspect abuse. They expressed confidence that the management team would respond to and address any concerns appropriately. Staff had received training in relation to safeguarding. Staff understood the need to protect people who were potentially vulnerable and report any concerns to managers or the local authority safeguarding adults team. One staff member told us, "I have done safeguarding training." Staff were aware the provider had a whistleblowing policy.

People contracted with the service with regard to the number of hours of support they required. At the time of inspection peoples' call times varied between 15 and 30-minute calls. We considered there were sufficient staff to meet people's needs. During the inspection staff responded promptly and patiently to people's requests. There were 10 people who were supported by staff. Staffing rosters and observations showed during the day they were supported by four staff members including the duty manager. One staff member told us, "We're a flexible team." Another staff member said, "I feel very proud of the team I work with." Overnight two waking night staff were available to support people.

There was a good standard of hygiene in the service. Staff received training in infection control and personal protective equipment was available for use as required.

Medicines were given as prescribed. People received their medicines when they needed them and they were supported to manage these themselves. Staff had completed medicines training and the visiting registered manager told us competency checks were carried out. Staff had access to policies and procedures to guide their practice.

Medicines were obtained on an individual basis, with some people managing these by themselves, or with the support of their relatives. The registered manager also undertook periodic audits, and any shortfalls were identified and suitable actions put in place. This meant there were measures in place to help ensure medicines were safely managed and administered as prescribed.

Robust recruitment processes were in place to ensure staff were safe and suitable to work with vulnerable people. Recruitment files showed appropriate checks were completed before they started employment. An application form with a detailed employment history was completed. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children.

Good

Is the service effective?

Our findings

People were supported by skilled, knowledgeable and suitably supported staff. People we spoke with praised the staff team. Staff told us they were trained to carry out their role. Their comments included, "There are training opportunities", "I do feel supported by my colleagues and management", "I have done dementia care training and a course about mental health", "You can request specific training", "Training is e learning and face-to-face" and "I have done training about the risk of choking."

Staff told us when they began work at the service they completed an induction and had the opportunity to shadow a more experienced member of staff. This made sure they had the basic knowledge needed to begin work. Staff studied for the Care Certificate as part of their induction. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.

The staff training records showed and staff told us they received training to meet people's needs and training in safe working practices. They said training consisted of a mixture of face-to-face and practical training. The registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Training courses included dementia care awareness, handling of information, leadership skills, pressure area care, falls training, nutrition and epilepsy awareness.

There was a delegated system for making sure all staff received supervision and appraisal throughout the year to support their personal development. Managers received management training to help develop their skills managing people and other aspects of management. Staff told us they received regular supervision from the management team to discuss their work performance and training needs. This meant staff could discuss their professional development and any issues relating to the care of the people who lived there. They said they were well supported to carry out their caring role. One staff member told us, "We have regular supervision every four to six weeks."

People's needs were assessed before they started to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements, safety, communication and other aspects of their daily lives.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Popplewell Springs was meeting the requirements of the Act. We discussed the requirements of the MCA with the registered manager. They were aware of their responsibilities regarding this legislation. Staff had received relevant training and were clear about the principles of the MCA and the actions to be taken where people lacked

capacity. We were told information would be available where a person had a deputy appointed by the Court of Protection in circumstances where this might apply. This would be so staff were aware of the relevant people to consult about decisions affecting people's care. People had signed their care plans to indicate their consent to, and agreement with, planned care interventions. Staff were clear about the need to seek consent and to maintain people's independence. People told us care provided was tailored to their needs and preferences.

Most people made their own arrangements for their nutrition. The housing scheme had a restaurant with a waitress service where the evening meal was served. A cafeteria was also open each day. Where people needed help with food preparation or more significant support with eating and drinking, this was clearly detailed in their care plan. Related risks, for example with choking were clearly documented, so staff were clear about the risk and what steps were needed to minimise them.

Most people managed their own medical appointments. Staff were not involved in people's routine healthcare, but they told us they were alert to any changes in a person's health or demeanour and responded to any emergencies. Records showed that people were registered with a GP and received care and support from other professionals, such as the speech and language therapist and medical consultants. One staff member told us, "The GP usually does visits between 12 and 12.30pm" and "I have just been to collect someone's extra prescription." People's healthcare needs were considered within the care planning process.

Staff told us communication was effective. People's needs were discussed and communicated at staff handover sessions when staff changed duty, at the beginning and end of each shift. This was so staff were aware of risks and the current state of health and well-being of people. Staff comments included, "I think communication is very good", "Night staff give a verbal handover of information about people to day staff coming on duty", "There is a communication book to check when we come on duty" and "Messages do get passed on."

Good

Is the service caring?

Our findings

People using the service, without exception, told us, they were treated with kindness and compassion. They told us they were very happy with the support and the staff who cared for them. Their comments included, "The staff are excellent", "The staff are exceptional", "Staff are very friendly and pleasant", "I am really pleased with the care. I couldn't manage without the staff", "I love it here, everyone is friendly" and "Staff are very kind." A relative commented, "The girls are great." Professional's comments included, "It is a friendly place and everyone speaks, the coffee lounge is a vital social hub for the tenants and families who visit" and "Staff are very caring and supportive."

There was a lively, happy and pleasant atmosphere in the service. Staff had a good relationship with people. Staff chatted with people individually and supported them to engage. Staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. People told us they were involved and they said they were listened to. People were encouraged to make choices about their day-today lives, whatever their level of need.

Staff understood their role in providing people with effective, caring and compassionate care and support. The service aimed to match care staff according to people's preferences and, wherever possible, introduce new staff. People told us they were visited by regular care staff who understood their needs and that they were informed of any changes.

When the care package started people were introduced to the support workers who would be visiting them. When new care workers were employed they visited the people they would be supporting whilst still on their induction alongside the person's current support worker so that people got to know the replacement care workers.

People told us that staff's time keeping was good and that they were reliable. They told us they would be contacted beforehand if a support worker was going to be late. Support staff also confirmed that they would let the person know if they had been detained on a previous call. One person commented, "If they [staff] are running late, they'll let me know."

Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. Staff were aware and respectful of people's cultural and spiritual needs.

Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions. Care plans were written in a person- centred way, outlining for the staff how to provide individually tailored care and support. The language used within people's care records was informative and respectful.

Information was made available in an accessible format to people dependent upon their needs. People received information about the service when they started to use it. This provided them with information

about the provider, including who to contact with any questions they might have. All of the people we spoke with confirmed they knew who to contact at the service and informed us they were involved in reviews of their care. They told us they were supported to express their views and to be involved in making decisions about their care and support. Everyone that we spoke with referred to the registered manager by name and confirmed that they maintained regular contact with them and involved them in decisions about their care. Support staff were able to explain how they supported people to express their views and to make decisions about their day to day care.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Examples in care records included, "I am supported to attend church", "I like a weak cup of coffee", "It is important to me to be part of the local community. I enjoy trips out on the bus."

Detailed information was recorded to make staff aware of each person's communication methods and how to keep people involved in daily decision making. For example, "[Name] responds well to some questions and sentences." Where a person did not communicate through words, or had limited speech, specific details about what their different gestures and facial expressions usually meant were recorded. One communication care plan stated, ""I may not be able to communicate my needs when I am in pain. Look out for facial expressions and sudden body movements when touched."

Detailed communication passports were developed for use if people attended hospital to ensure the necessary information was available if people were unable to communicate this themselves. This information was to ensure people's needs were met in the way the person wished and as individually as possible.

People's privacy and dignity were respected. They told us their apartment was respected as it was their own home. We observed front doors had door bells, which staff used and they did not enter the apartment without people's permission. Care records were written in a respectful way and people's confidentiality was respected.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement.

Good

Is the service responsive?

Our findings

People lived independently in their own apartments and could commission services from Popplewell Springs in the event of emergency and if they required some care and support. Before they started using the service their support needs were assessed in a number of areas, including medicines management, personal care, communication and nutrition. Where a support need was identified a personalised care plan was put in placed based on how people wanted to be assisted. These could include support with medicines or personal care such as a 'bath call' or other care requirements as people became more dependent. People told us they felt involved and consulted by staff in how their care was developed and then delivered. One relative told us, "The staff are very good at encouraging and helping [Name] to remain independent."

Care plans were person-centred and well detailed to guide staff's care practice. The input of other care professionals had also been reflected in individual care plans. For example, guidance from the speech and language therapy team, (SALT), was in place for a person at risk of choking.

Care plans were developed that outlined how the person's needs were to be met. They were up- to-date and personal to the individual. People's care records were kept under review. A system of evaluation of care plans was in place and they were updated as people's needs changed. However, care plans required more regular evaluation. This was discussed with the registered manager who told us it would be addressed. Formal reviews of people's care planning also took place. One professional told us, "The team leaders are always supportive to the tenants even the ones not receiving care. We work closely together when carrying out assessments and reviews of tenants/ service users who are receiving care and support."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

There was a lively atmosphere in the service and a camaraderie was observed amongst the people. Tenants mostly spent time in their apartments and they met up in communal areas during the day or for pre-arranged events. People used the restaurant as a place to meet and socialise. We observed in the morning the café was a hub for people to socialise until they returned to their apartments or went about their daily lives. Staff and people told us events took place at the service organised by volunteers and people living at the service. A coffee morning was taking place at the time of inspection. The notice board advertised a variety of activities. The service had a television room, library and hairdresser. The complex was surrounded by well-maintained gardens with seating areas.

People were encouraged to be involved in the running of the service. Tenant meetings were held on a regular basis. Meeting minutes were available for people unable to attend meetings. We saw a comments book was available outside the restaurant for people to give feedback about the food after each meal. We were told it was checked daily and action taken as the result of peoples' comments.

Written information was available that showed people of importance in a person's life. Staff told us people were supported, if needed to keep in touch and spend time with family members. People were also

consulted and their wishes were respected where they did not want family members to be informed about events taking place in their life.

People told us they knew how to complain. One person told us, "I would know who to speak if I needed to, but I haven't needed to." Information about how to complain was also detailed in the guide people received when they started to use the service. The service's complaints policy provided guidance for staff about how to deal with complaints. A record of complaints was maintained. Complaints received were investigated and resolved with the necessary action taken. Several compliments had also been received complimenting staff on the care provided. Comments included, "Thank you for your support", "We really appreciate the genuine care and affection that you give to [Name]. We can't thank you enough for keeping them as independent as possible" and "Personal commendations to the care team for their commitment to providing outstanding support."

Good

Is the service well-led?

Our findings

A registered manager was in place. They had registered with the Care Quality Commission in December 2017. They managed care provisions at two sites and worked across the two services over five days of the week. The site was managed by two team leaders in the absence of the registered manager.

The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out.

The registered manager and team leader assisted us with the inspection. The management team were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

The registered manager was experienced, qualified and understood their responsibilities and registration requirements. They were supported by the provider, who kept close oversight of the service and had regular contact and meetings with the team leaders and other managers. The management team had either achieved or were studying for leadership and management qualifications. They had, along with team leaders, been provided with further internal management training following changes in their respective roles earlier in the year.

People we spoke with and staff expressed confidence with the way the service was led and praised the registered manager. They told us the registered manager was enthusiastic and was accessible. They were positive about their management and had respect for them. They said they could speak to the registered manager, or would speak to a member of staff if they had any issues or concerns. Staff and people said the registered manager was supportive and accessible to them. Their comments included, "The registered manager is very approachable", "If the registered manager is not on site, you can contact them, they are at the end of the telephone" and "The registered manager will phone you back."

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings. Staff meetings also discussed any incidents that may have taken place. Reflective practice took place with staff to look at 'lessons learned' to reduce the likelihood of the same incident being repeated.

The registered manager and North Yorkshire County Council were aware of their responsibilities with regard to 'Duty of Candour'. This means to be open and transparent, to inform the relevant people if something occurs, investigate the incident and apologise to people if necessary. The culture encouraged openness and honesty but no incident had occurred where Duty of Candour had needed to be used.

The registered manager told us they were well supported by the provider's management team. They had regular contact with head office, ensuring there was on-going communication about the running of the

service. Regular meetings were held where the management were appraised of and discussed the operation and development of the resource.

Auditing and governance processes took place to check the quality of care provided and to keep people safe. A quality assurance programme included daily, weekly, monthly and quarterly audits. All audits showed the action that had been taken as a result of previous audits. They included medicines, health and safety, infection control, care provision, safeguarding, complaints and accidents and incidents.

Feedback was sought from people and relatives through surveys and meetings. A recent provider survey had taken place and the results were due to be analysed in December 2018. Feedback from staff was sought in the same way. All relatives, people and staff spoken with told us they felt listened to and could make suggestions about the running of the service.