Key inspection report

CARE HOME ADULTS 18-65

The Poplars

225 The Poplars
Arbury Road
Nuneaton
Warwickshire
CV10 7NE

Lead Inspector
Julie McGarry

Key Unannounced Inspection
1st July 2009 09:00
This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care home adults 18-65 can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.
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SERVICE INFORMATION

Name of service: The Poplars

Address:
225 The Poplars
Arbury Road
Nuneaton
Warwickshire
CV10 7NE

Telephone number: 0247 6370415

Fax number

Email address

Provider Web address

Name of registered provider(s)/company (if applicable):
Coventry and Warwickshire Partnership Trust

Name of registered manager (if applicable):
Audrey Mary Aldrick

Type of registration:
Care Home

No. of places registered (if applicable):
4

Category(ies) of registration, with number of places:
Learning disability (4)
SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:
   
   Care Home Only (Code PC)
   
   To service users of the following gender:
   
   Either
   
   Whose primary care needs on admission to the home are within the following categories:
   
   Learning disability (LD) 4

2. The maximum number of service users who can be accommodated is: 4

Date of last inspection 26th June 2008

Brief Description of the Service:

The Poplars is registered as a care home that provides accommodation and care for four adults, aged 18 - 65 years, with learning and physical disabilities. The home is registered under Coventry and Warwickshire Partnership Trust and is staffed 24 hours a day. The building is modern, single storey and purpose-built, set in a small close just off a main road. There is an entrance lobby and hallway, kitchen, utility room, large bathroom, staff sleeping room/office, four service users bedrooms and an integral lounge/dining room. There is an adequate sized garden with a patio area and furniture that is accessed through doors leading from the lounge/dining room.

The home is within walking distance of local shops. Nuneaton town centre is approximately 2 miles away. A regular bus service provides access to the town centre and local railway station. The home has a vehicle, adapted to meet the needs of wheelchair users for transporting residents to various activities.

Up to date information about fees can be obtained from the service.
SUMMARY
This is an overview of what the inspector found during the inspection.

The quality rating for this service is a two star; this means that people using the service receive good outcomes.

This was a key unannounced inspection visit. This is the most thorough type of inspection when we look at key aspects of the service. We concentrated on how well the service performs against the outcomes for the key national minimum standards and how the people living there experience the service.

One inspector carried out this unannounced key inspection on one day between 09:00 and 17:00 hours. As the inspection was unannounced, the registered manager and staff did not know we were going.

Before the inspection we looked at all the information we have about this service such as information about concerns, complaints or allegations, incidents, previous inspections and reports.

Questionnaires were sent to the service for the home to distribute to people who use the service, their relatives and staff. Three completed staff questionnaires were returned, and three questionnaires from people who use the service. The questionnaires from people who use the service were completed by staff. One relative completed and returned their questionnaire.

Registered care services are required to complete an Annual Quality Assurance Assessment (AQAA). The AQAA provides information about the home and its development. This form was completed by the manager and returned to us within the required timescales.

At this Key inspection we used a range of methods to gather evidence about how well the service meets the needs of people who use it. Some time was spent sitting with residents in the lounge watching to see how residents were supported and looked after. These observations were used alongside other information collected to find out about the care they get from staff. We also looked at the environment and facilities provided and checked records such as care plans and risk assessments.

There were three people in residence on the day of our inspection. All three people using the service were identified for 'case tracking'. This is a way of inspecting that helps us to look at services from the point of view some of the people who use them. We track people's care to see whether the service meets their individual needs.

The manager was present throughout the inspection. We met with four members of staff who were working on the day of the inspection.
Our assessment of the quality of the service is based on all this information plus our own observations during our visit.

Throughout this report, the Care Quality Commission will be referred to as 'us' or 'we'.

At the end of the visit we discussed our preliminary findings with the manager of The Poplars.

**What the service does well:**

People are supported in a respectful manner and their personal care needs are met. Staff are knowledgeable about the people who use this service. They have a good understanding of their roles and responsibilities.

Care plans demonstrate a person centred approach to care planning, to reflect the quality of care being provided and ensure consistency of care. Person centred care ensures people who use the service are at the centre of their care treatment and support by staff should be carried out whilst ensuring that everything that is done is based on what is important to that person from their own perspective.

A lunchtime meal was observed and staff were seen to sit with residents and give help where needed in such a way that maintained the residents dignity and safety.

People are supported to gain access to advice from health professionals where they need it, so their health needs can be met.

People are supported to get out and about to shops, local attractions, parks, church and other places they enjoy so that they take part in the like of the local community. The people at the home are encouraged to make everyday choices, such as what they do and what they eat. People are involved in planning the menus so they can choose the meals they like to eat.

Visitors are made welcome which supports people to maintain enduring relationships.

The home has an induction and training programme for staff which should lead to people’s needs being met by a competent workforce. All aspects of the recruitment procedures are managed well. This helps to protect people living at the home.

There is a quality assurance system in place that includes direct contact with people to review the quality of the service provided.
The home has a complaints policy in place. Staff are aware of how people with limited verbal communication make their needs known.

Systems are in place for checking that the home is running properly. A senior manager visits the home and writes a monthly report of her findings and any action that needs to be taken to improve things.

Overall the home provides a clean and comfortable place for people to live in. Rails, hoists, wheelchairs and other equipment are in place to assist people with disabilities to be supported properly.

**What has improved since the last inspection?**

Since the last inspection, the manager of the home has registered with us.

Five requirements were made at the last inspection. At this inspection, the home was able to show that all requirements have been met.

Care plans and risk assessment have been reviewed to provide up to date information on the needs of the people who live there. This includes better risk action for those who have bed rails at the home.

Improved medicine management helps ensure people using the service are given their prescribed medicines correctly to promote their health and well being.

Staff carry out care practises in a manner that better protects people’s privacy and dignity at the home.

Most of the staff have been at the home over two years which helps to support consistency of care for people. Staff are properly vetted and provided with a good range of training to enable them to meet people's individual needs, such as moving and handling, stoma care, food safety, and the administration of medication.

**What they could do better:**

The manager needs to ensure all staff have annual appraisals to help in staff development and ensure staff have the appropriate knowledge and skills to carry out their jobs.

All areas of risk identified should have plans in place to tell staff what actions they need to take to minimise any risk. This will ensure the appropriate precautions against the risk are in place.
The home should continue with the plans to ensure all staff have up to date training in Safeguarding Vulnerable Adults. This will ensure that people who use the service are protected from harm and abuse.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4. The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.
DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes
Statutory Requirements Identified During the Inspection
Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users’ individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to “test drive” the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Information is available for people wanting to live in the home to help them decide if the home could meet their needs. The assessment process for the people wanting to live in the home ensures their needs are known to staff before admission.

EVIDENCE:

The AQAA tells us, ‘The aims, objectives and philosophy of the home, its services and facilities, and terms and conditions are met as reflected in our Statement of Purpose’.

To find out whether this was the case, we looked at the home’s Statement of Purpose and Service User Guide. Both documents have been updated since the last inspection. The service user guide now includes the range of fees at the home, up to date information about the manager and the Care Quality Commission. We saw that these documents provided a range of information about what a person can expect from the service.

No new residents have moved to live at this service since the last inspection, therefore the pre-assessment process was not examined as part of this
inspection. The home currently has one vacancy. The ‘resettlement assessment’ format was seen, if fully completed this should provide staff with the information they need to determine if the home can meet people’s needs before any offer of placement is made.

Intermediate care is not provided at this home.
Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from good planning and reviews of their care to ensure they are supported in a safe and appropriate way that meets their individual needs and preferences.

People benefit from choices to enable them to exercise day to day control over their lives and from having their personal care needs met in the way they preferred and with respect for their privacy and dignity.

EVIDENCE:

In the AQAA the manager stated that, ‘Systems are in place for monitoring and reviewing individual needs and choices. To enable service users to have their needs and choices responded to safely and appropriately’. To find out whether this was the case, we looked at a range of documents and we looked carefully
at the care provided to the three people who use this service. We also talked
to the manager and staff, and looked at the information in surveys that staff
had filled in.

Each person living at the home has a care file. Care files include important
background information about each person and the plans identify their care
needs with any support needed to meet them. The home’s approach to care
planning is appropriately person centered (PC) in that the plans focus on the
preferences, skills and goals of each person.

All three people's care plans were looked at. Good levels of information about
each person’s personal routines and likes and dislikes are recorded so that
staff are able to support people in the way they like. This is particularly helpful
for people who cannot easily say what they want so that their known choices
can be respected. The care plans covered all the main areas of care, including
medical history, personal care, mobility, moving and handling, nutrition,
continence, communication and skin integrity.

We saw that care plans were written from the point of view of the person using
the service. We saw clear evidence of a strong focus on staff obtaining the
views of people who had limited verbal communication, by observing their
body language and facial expressions. Care plans remind staff about the way
the person would wish to be treated and the way they may be feeling when
they were supported with personal care. Examples of statements recorded in a
care plan include, ‘I would like a daily bath, staff to help and assist with
hoisting. I must be encouraged to help where possible such as washing my
face’, ‘If I am uncomfortable, I will shout or pull my trouser leg’.

During the inspection we observed one person pulling at their trouser leg, staff
responded immediately asking this individual if they wanted support to go to
the bathroom. This showed that staff were alert to cues from this person and
understood what this person was trying to tell them.

Risk assessments are in place addressing hazards associated with everyday
living and people's specific needs for example, support with continence,
nutritional needs, and use of bedrails.

The manager explained that the home recently made referrals to a Speech and
Language Therapist regarding their concerns to changes in two people’s
dietary/ swallowing needs. Assessments were carried out, and it was found
that a change in care practices were required at meals times to support both
people more appropriately. One person previously on a soft diet is able to now
enjoy more textured food as part of their diet. The other person now requires a
softer diet to minimise their increased risk of choking.

We looked at both people’s records and found that one person’s record has
been updated to reflect this change in care practice. However, there is no risk
assessment plan in the other person’s records to show that they are now at ‘mild risk of aspiration’. Staff spoken to where aware of this risk and were able to discuss how food needs to be presented to this person to minimise this risk. The manager gave us her assurances that a risk assessment place will be put into place, and all staff advised of this.

Since the last inspection, the home has implemented better risk management practice in the use of bed rails. The manager discussed the changing needs of one individual and described the action the home took to address this. Records held at the home reflect what we were told by the manger, indicating that staff review and updated people’s records when there is a change in need or risk.
Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users’ rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

This is what people staying in this care home experience:

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from the opportunity to participate stimulating activities that reflect their own personal interests and preferences.

Residents benefit from a varied, tasty and nutritious choice of food.

EVIDENCE:

Activity planners were seen in individual care plans and showed that people do different things each day either in small groups or on a one to one basis with staff. From looking at the information in the care plans of the two people case tracked, it was evident that the activity planners reflected individual preferences.

People who live in the home do not access local community day service provisions. Support is provided by the staff team on a 24 hour a day basis to
enable them to participate in whatever activities they choose to undertake. Peoples plans include an activities programme and daily reports show what they have actually taken part in and where they have been.

Key worker meetings between staff and people who live at the home, ensure they are part of any planning of activities within or outside of the home. We also observed staff offering choices during the inspection in less formal ways.

We saw records which are used to monitor when people take part in a variety of activities based on their individual needs and capabilities. We saw evidence to demonstrate that a number of outings had taken place in 2009 includes trips to the coast, canal boat trips, Hatters Space Sensory sessions and a planned trip to Berwick Cottage in November for four nights.

Comments by staff demonstrated a good understanding of peoples needs and of the support they are expected to provide. One person’s record states that they wish to have regular communication with their family and go on a holiday once a year. From photographs seen and records kept we found that this person’s wish is being achieved.

The people at the home are being encouraged to make everyday choices. We observed one meeting between staff and two residents on the day of the inspection. This meeting was held to enable those who live there to help make decisions about what activities and meals they want for the following week. One staff member asked one individual if they would like to go to Ragley Hall next Thursday, the person responded ‘yeah’ to show their agreement. We were told by staff that the one resident who did not participate in the meeting would be consulted about the plans before any decision are made final.

One person has identified an interest in history. With the support from staff, this person is involved in a six week history plan, which includes visits to places of historical interest for example, Shakespeare’s birth place and Blenheim Palace. Another person participates in a peer advocacy group and attends weekly meeting in Nuneaton for a period of six weeks.

We are told in a questionnaire completed by one relative that The Poplars ‘provides a happy, clean and safe homely environment. My relative was involved on choosing the décor of their room, the food he eats and the clothes he wears. He is treated as an individual who has individual tastes.’

‘X is very happy and well, and leads a varied and interesting life’.

The home does not employ catering staff. The care staff team prepare all meals and snacks and are provided with training in basic food hygiene. Mealtimes are relaxed and unhurried. A lunchtime meal was observed and staff were seen to give assistance where needed and in such a way that maintained individuals dignity and safety. The lunchtime meals were very well presented
and appeared appetizing. Menus were sampled to establish that a balanced and varied diet is provided that meets people's needs and preferences.

In relation to household tasks there are limitations to the extent that residents are able to be involved. However staff encourage them to do so as much as possible even if this is just being with them and observing and the home plans to try and promote their daily living skills more actively.

The cultural and religious needs of people living at the home are respected and suitable arrangements have been made to meet these. The manager told us that the staff support people to maintain contact with families and friends. We saw examples of visits made by people's families and some are involved in and consulted about most aspects of the care.

For one person, their faith is important to them. This person is supported each week to go to Church and maintain contact with people from the church.
Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users’ physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home’s policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from the development of their plans of care that ensure details the actions staff need to take to meet their needs are consistently recorded. Residents have access to healthcare services that meet their assessed needs.

The medication system is monitored and improvements have been made to reduce mistakes. Improvement in the management of medication means that people can be more confident that medication will be administered as prescribed.

EVIDENCE:

The people at the home were seen to rise in at their own pace and receive unhurried support to prepare and eat their breakfast. Everyone was well groomed and dressed in age appropriate, good quality clothing, indicating they are supported to maintain a good self image.
The records in people’s care plans are dated to show when they were last reviewed or amended. The dates on the records seen indicate that most documents, including information about personal care and risk assessments are being reviewed periodically or as needs change to keep the information up to date. A care worker provided detailed information of the needs of two people with health needs and the support they were receiving from health professionals to monitor their care. This included good knowledge of their nutritional needs and changes in their care regime, due to changes in people’s needs. Advice by health care professionals had been recorded and there was evidence in the day reports and summary notes that staff are being briefed on changes to people’s care needs.

Care records provide information about people’s medical history conditions and any current health issues showing how they should be monitored and dealt with and by whom. Staff receive moving and handling training and plans with risk assessments regarding residents mobility are in place as well as a range of aids, hoists, and equipment provided. Physical care checks are also carried out to promote good health for example, weight records and body maps maintained for pressure sore checks or scratches.

The manager explained that where people have health needs of particular concerns they are supported to attend their health monitoring appointments by the keyworkers, so as provide consistency of care and to ensure that staff are then properly briefed. Evidence of this was seen in people’s health notes.

Information was available to confirm that people continue to be offered routine health care appointments such as the dentist, optician, and chiropodist at the recommended intervals. Information was also available to demonstrate that more specialised health care needs are addressed as appropriate such as the Speech and Language therapist appointments along with physiotherapy and learning disability nurse specialist services.

Care plans contain clear advice to staff about how they should approach and communicate with each individual, and how to provide privacy and respect for their dignity when delivering personal care. At the last inspection we raised a concern about how one person’s privacy and dignity was being maintained when personal was being provided. It is evident from this individual’s care file and from our observations that this matter has been addressed. This person’s record states, “I must have the screen up to ensure my dignity”. We observed staff following this practice when delivering personal care to one individual in the morning, and staff spoken to were able to explain why the screen was being used.

We saw and heard staff seeking permission to enter residents bedrooms before entering, talking to individuals in a friendly and respectful manner, and offering assistance with personal care discreetly.
The AQAA informs us that in the past twelve months areas of the home’s improvement include ‘Introduced weekly audit of medication, storage of medication, and management of continence issues’.

The manager explained that due to people's high support needs no one currently manages their own medication. A sample of medication Administration Record sheets (MARs) were checked and indicate that staff are recording medication correctly. A member of staff was able to demonstrate a good understanding of safe medication procedures. The home currently carries no controlled drugs that would necessitate any special storage and recording arrangements. There are no drugs that need to be stored in the fridge.

Two staff on duty confirmed they had been provided with medication training and had been observed and assessed by the manager before being allowed to give medication out.

Medication protocols are in place explaining the circumstances under which people should be given "as needed" medication. Since the last inspection the manager has started to audit the medication each week using an audit form, to check that the medication is being managed safely. We observed a handover between the manager and a lead carer when a medication audit was carried out. This approach to medication management will help ensure that any medication errors may be promptly picked up and addressed.
Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

22. Service users feel their views are listened to and acted on.
23. Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use this service can be confident their complaints will be taken seriously and staff will respond appropriately.

Staff recruitment and training are sufficiently robust to ensure people are supported by staff who are trained to protect them and suitable to work with vulnerable adults.

EVIDENCE:

There is an accessible complaints procedure ‘Letting us know’ in place at the home with pictures to help people to understand the contents. The complaints procedure is contained in the Service User Guide.

The manager said that there have been no complaints made to the home since the last inspection, 1 year ago. This was verified in the complaints log, which is being monitored by the manager. An accessible complaints procedure is available in the home and in the home's service user guide that is shown to people moving in.

The AQAA tells us ‘new staff have completed a workbook entitled Recognising and Responding to abuse and neglect, during their induction period’. To see if
this was the case, we looked at staff files and information from a recent staff audit. The staff audit tells us that three staff have not completed the induction program, however the records for the two most recently employed staff show that both had attended a corporate staff induction in which safeguarding of vulnerable adults was addressed. The training matrix shows that not all staff have completed their training in the protection of vulnerable adults. When we discussed this with the manager she advised us that all staff are booked onto training in the Protection of Vulnerable Adults in the coming months. The manager showed us records to verify this.

Staff development records showed that the majority of staff had completed National Vocational Qualifications (NVQ) or Learning Disability Award Framework (LDAF) training, which includes sessions in safeguarding vulnerable adults. The home has a safeguarding policy in place which includes the multi agency approach to safeguarding.

Two staff confirmed they had received Safeguarding (against abuse) training, and the training records show that this provided to all staff. Two staff demonstrated a satisfactory understanding of the different types of abuse they may encounter and to whom they should report any such concerns. Staff confirmed that this is covered in whistleblowing training, provided by the organization.

People's money is held in safekeeping by the home. Three people's records were checked. Each transaction is being signed by staff as verification of money passed to people or spent on their behalf. Receipts are being kept as further evidence of money spent. People's money is checked and signed for by staff arriving on shift, as part of the shift handover process, so that money is accounted for on a day-to-day basis.
Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users’ bedrooms suit their needs and lifestyles.
26. Service users’ bedrooms promote their independence.
27. Service users’ toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users’ individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who live here benefit from a home that is well maintained and furnished so that people live in a clean, comfortable environment.

EVIDENCE:

The Poplars is a modern, single storey and purpose-built building, set in a small close just off a main road near Nuneaton town centre. There is an adequate sized garden with a patio area and furniture that is accessed through doors leading from the lounge/dining room.

The home has a vehicle, adapted to meet the needs of wheelchair users for transporting residents to various activities.
The AQAA tell us ‘Service user bedrooms reflect their individual needs and interests, specialist equipment is provided to enable service users to access all areas and facilities in safety, and staff support service users with respect, privacy and dignity’.

People's bedrooms have been made comfortable with and contain equipment, pictures and other personal belongings that confirm they have been supported to personalize these areas in keeping with their preferences.

The home has an adequate sized garden which was tidy and well maintained, providing a pleasant space for people to sit out and relax. People at the home with the support of staff have started to grow vegetable sin the garden and work has been started to develop a sensory area.

A cleaning schedule is in place which staff follow and sign to verify the cleaning tasks carried out. The home has a modern washing machine with a sluice facility capable of coping with the small amount of continence laundry at the home. A staff member confirmed that red bags which open up in the washing machine are used to carry soiled laundry through the home and minimise the need to handle it, in keeping with good hygiene practices. Staff were seen to make use of protective clothing and gloves that are situated about the home. The building was clean and there were no unpleasant odours, which indicate that effective cleaning and infection control procedures are in place.

The kitchen was clean and well organised. Records were kept of the fridge and freezer temperatures showing appropriate temperatures to maintain good food safety.
Staffing

The intended outcomes for Standards 31 – 36 are:

31. Service users benefit from clarity of staff roles and responsibilities.
32. Service users are supported by competent and qualified staff.
33. Service users are supported by an effective staff team.
34. Service users are supported and protected by the home’s recruitment policy and practices.
35. Service users’ individual and joint needs are met by appropriately trained staff.
36. Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from a well trained staff team who the knowledge and skills needed to carry out their job.

People who use this service are protected by robust recruitment procedures that have been consistently followed to ensure staff are suitable to work with vulnerable adults.

EVIDENCE:

The AQAA tells us’ A competent and stable staff team who understand their roles and responsibilities and are willing to learn from each other. Attendance at mandatory training and willingness to take up further training opportunities, regular supervision, and regular staff meetings.’

Comments by staff on duty confirmed that there are typically three staff on duty to support the eight people at the home, in addition to the manager / team leader. This was verified by the manager and in a sample of recent rotas.
There is one waking and one staff sleep-in at the home at night in case they are needed to provide care and support. This will provide the support needed to those who are routinely in need of care and support during the night.

The manager explained that there has been a low staff turnover during the last year aiding stability and consistency of care.

Two staff files were looked at to check the home's recruitment procedures. Both files contained evidence to show that staff are interviewed and issued with contracts of employment. Both files contained evidence of proper vetting procedures including two references and Criminal Record Bureau checks. This is necessary to ensure that suitable staff are employed at the home.

One member of staff spoke to told us ‘that this services has moved forward tremendously support is something I now realise and not search for’.

Information supplied by the manager state that 9 members of care staff are qualified to National Vocational Qualification in Care Level 2 (NVQ level 2). This is above the national Minimum Standard for 50% of staff to be qualified. This should mean that residents benefit from having their needs met by staff that are appropriately experienced and qualified.

Comments by three staff and information is staff training records indicates that they being provided with training updates to support safe care practices, such as first aid, food hygiene, fire safety, moving and handling and medication training. The training matrix also indicates that staff have been provided with other care courses related to the needs of the people at the home, such as stoma care, dementia, epilepsy and the administration of midazolam (medication for epilepsy). The records show that the majority of staff have also received training in equality and diversity. This training emphasizes that people are individuals with their own needs and preferences to be respected and supported.

Two staff confirmed that they are provided with regular planned supervision. This was verified in staff supervision records. However no appraisals of staff performance have been carried. The manager informs us that training in appraisal management has been arranged and she once this has been achieved all staff will receive appraisal.
Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

37. Service users benefit from a well run home.
38. Service users benefit from the ethos, leadership and management approach of the home.
39. Service users are confident their views underpin all self-monitoring, review and development by the home.
40. Service users’ rights and best interests are safeguarded by the home’s policies and procedures.
41. Service users’ rights and best interests are safeguarded by the home’s record keeping policies and procedures.
42. The health, safety and welfare of service users are promoted and protected.
43. Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from being supported by a service that is consistent, well planned and managed.

**EVIDENCE:**

In the AQAA, the manager stated that the service has a ‘A qualified, experienced and competent manager and team leader’; ‘Maintains the health and safety of staff and service users’, And has carried out ‘Quality Questionnaires’.

To see if this was the case we looked at records, spoke to the manager and staff.
The manager holds the Registered Managers Award and the National Vocational Award level 4 in Care. These qualifications are designed to assist Registered Managers to carry out their role effectively. The manager is well qualified to manage this service, and discussions with her show an open, positive and inclusive approach to management.

The Annual Quality Assurance Assessment (AQAA) completed by the manager was completed to an adequate standard. Information provided could be better supported by a greater range of evidence. The Annual Quality Assurance Assessment (AQAA) informed us about the development of the service and future plans for improvement. During the visit staff appeared confident in their roles, the home was relaxed and the people who live here appeared at ease and comfortable.

The service manager visits The Poplars on a regular basis to report on the standard of care provided of which reports are made available within the home. From the most recent reports, minutes of meetings and discussion with the staff team, it was evident that the views of people who live in the home had been actively sought with regard to the way in which the service is being run.

There is evidence of evaluation systems that provide an opportunity to improve the service by consultation with people who use the service, their families, professionals, and staff. A questionnaire was sent to relatives, professionals and staff in May 2009. Each completed questionnaire was seen and all responses were positive.

Comments from the questionnaires include:

‘staff very helpful and pleasant, resident also appear very happy’, (Professional).

‘everyone was welcoming and friendly, and have been each time I have visited, staff have always been helpful, and become involved where necessary’ (Advocate).

Throughout the inspection process, we got feedback from staff to say that the running of the service has improved since the last inspection because of changes implemented by the new manager. Staff said that management was, "more open", "more flexible" and "much more open to suggestions". One member of staff concluded that the manager, "motivated the whole team a lot more”. Finally, we saw that all interactions between the manager and staff, and between the manager and people who use the service, were respectful, caring and professional.

Records show that there are regular staff meetings minutes are recorded.
Information provided by the manager in the pre-inspection questionnaire indicates that relevant Health and Safety checks and maintenance are being carried out at the home. There are comprehensive policies and procedures in place. Risk assessments are also carried out in relation to the environment including for hazardous substances (COSHH). The AQAA confirms all necessary checks and servicing are being carried out by staff and or approved contractors including the fire safety system and equipment, electrical appliances, heating, hoists and other equipment. Accident and incident records are kept and notified appropriately to the Commission and relevant other agencies.

A number of checks are made by staff to make sure that peoples’ health and safety is maintained. Records showed that the fire alarm system had been regularly tested and serviced to make sure that it was working properly.

As previously mentioned, the personal monies of the three people were audited. The home was able to demonstrate good and safe practices in the management of people’s monies.
SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

4 Standard Exceeded (Commendable)  3 Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls)  1 Standard Not Met (Major Shortfalls)

“X” in the standard met box denotes standard not assessed on this occasion “N/A” in the standard met box denotes standard not applicable

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Are there any outstanding requirements from the last inspection?  

No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

<table>
<thead>
<tr>
<th>No.</th>
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<th>Timescale for action</th>
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<td>1.</td>
<td>YA42</td>
<td>13</td>
<td>The manager must ensure that all areas of risk are identified, and appropriate plans in place to minimise any risk. This relates specifically to risk of choking. This will ensure the appropriate precautions against the risk of choking are in place.</td>
<td>14/08/09</td>
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RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

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<th>No.</th>
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<th>Good Practice Recommendations</th>
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<tr>
<td>1.</td>
<td>YA36</td>
<td>The manager needs to ensure all staff have annual appraisals to help in staff development and ensure staff have the appropriate knowledge and skills to carry out their jobs.</td>
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<tr>
<td>2.</td>
<td>YA32</td>
<td>All staff working in the home must be trained in all areas related to Safeguarding Vulnerable Adults. This will ensure that people who use the service are protected from harm and abuse.</td>
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