Tamehaven Limited

Poplars Care Centre

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

The inspection was carried out on the 20 and 23 September 2016 and was unannounced.

Poplars Care Centre is a care home providing accommodation for up to 71 older people who require nursing and personal care. The home is located in a residential area in Maidstone. At the time of the inspection 65 people lived at the service.

There was a registered manager employed at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The registered manager was not available on the day of the inspection, and the operations manager and deputy manager assisted with the inspection process.

The registered manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support peoples best interest if they lacked capacity to make certain decisions about their care.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Management understood when an application should be made. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People were protected against the risk of abuse. Staff had been trained in how to protect people, and they knew the action to take in the event of any suspicion of abuse towards people. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the registered manager or outside agencies for example Social Services if this was needed.

People's needs varied, some people living in the service had a limited ability to verbally communicate with us or engage directly in the inspection process. Therefore we observed their care and staff interactions. People demonstrated that they were happy by showing warmth to management and staff who were supporting them. For example by nodding their head or giving a smile. Staff were attentive and interacted with people in a warm and friendly manner. Staff were available throughout the day, and responded quickly to people's requests for help.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. Nursing staff carried out on-going checks for people's health needs, and contacted other health professionals for support and advice.

There were enough staff with the skills required to meet people's needs. Staff were recruited using procedures designed to protect people from the employment of unsuitable staff. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

There were risk assessments in place for the environment, and for each person who received care. Assessments identified some needs but were not always specific in meeting people's individual needs, and showing how risks could be minimised.

Medicines were stored, administered and disposed of safely. There were policies and a procedure in place for the safe administration of medicines. People had access to GPs and other health care professionals. Prompt referrals were made for access to specialist health care professionals.

People were provided with diet that met their needs and wishes. Menus offered variety and choice. People said they liked the home cooked food. Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served.

People were given individual support to take part in their preferred hobbies and interests, and a range of activities were being provided by the activities co-ordinator and staff.

People were aware of the complaints procedure and they knew who to talk to if they were worried or concerned about anything. Relatives said that they knew who to complain to if they had any concerns and provided positive feedback on the service as a whole.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; events; and daily contact with the registered manager and staff.

The providers and registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. The providers and registered manager understood the requirements of their registration with the CQC.

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.

People indicated that they felt safe living in the service, and that staff cared for them well.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Incidents and accidents were investigated thoroughly and responded to appropriately.

Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

Is the service effective?

Good

The service was effective.

We observed that staff understood people's individual needs and staff were trained to meet those needs.

People had access to food, drinks and snacks throughout the day.

Nursing staff ensured that people's health needs were met. Referrals were made to health and social care professionals when needed.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Is the service caring?

Good

The service was caring.

People were consulted about how they wanted their care delivered. Staff were caring and spoke with people using the service in a respectful and dignified manner. People's privacy and dignity was respected.

Relatives were able to visit their family members at any reasonable time.

People's confidential information was securely kept.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

People's care plans did not always contain sufficient information to meet people's needs, however management were taking action to address this issue.

Staff encouraged people to be as independent as possible. A range of activities was provided and staff supported people to maintain their own interests and hobbies.

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

Is the service well-led?

Good

The service was well-led.

Staff, people and relatives were positive about the management team and there was an open and caring culture in the service.

Staff told us they found management to be very supportive and felt able to have open and honest discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided.

The provider and registered manager were aware of their role and responsibilities in relation to notifying CQC of any incidents or serious injury to people.

Poplars Care Centre

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 checked 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 the 20 and 23 September 2016, it was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

During our inspection we observed care in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people and four relatives about their experience of the service. We spoke with the operations manager, the deputy manager, three nurses, four care staff, one of the kitchen assistants, and the activities person. We observed staff carrying out their duties, such as giving people support at lunchtime.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at seven people's care files, ten staff records, the staff training programme, the staff rota, medicine records and quality audits.

At the previous inspection on 11 December 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. People who were able to commented, "Yes because there is always carers around, the doors are closed at night. Yes I feel safe", "There is always somebody about and call bells get answered. They are very good – very nice", "I am happy here because I am safe in case I fall", and "Yes there is always someone about all the time". Relatives told us, "Yes because from experience she is treated better than other places. She is safe", and "Very safe because of management and carers".

There were suitable numbers of staff to care for people safely and meet their needs. The deputy manager showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times during the day. There were four nurses and 16 carers in the morning and four nurses and ten carers in the afternoon. There was two nurses and six carers at night. There were also ancilliary staff that included housekeeping, laundry and kitchen staff, together with staff that provided recreational activities. We were told that if a person telephones in sick, the person in charge would ring around the other staff to find cover. In the event of no cover being found then agency staff would be called upon to cover the shortfall. This showed that arrangements were in place to ensure enough staff were made available at short notice. People said, "There always seem to be enough (staff) and we get our medication on time. They are very strict on that", and "Not always e.g. night time. Although I do get the help I want. I get my medicines on time". The deputy manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. We observed that it was not difficult to find staff to assist and people in the lounge areas were not left alone for more than a few minutes.

The provider operated safe recruitment procedures. Staff recruitment records were clearly set out and complete. This enabled the provider to easily see whether any further checks or documents were needed for each employee. Staff told us they did not start work until the required checks had been carried out. These included proof of identity check, satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check; and proof of qualifications obtained. Nursing staff registration with the Nursing and Midwifery Council (NMC) had been checked and monitored to ensure that only registered nurses were employed. These processes help employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people.

Staff were aware of how to protect people and the action to take if they had any suspicion of abuse. Staff were able to tell us about the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people from abuse, so their knowledge of how to keep people safe was up to date. The provider was aware of their role and responsibilities in safeguarding people from abuse and the processes to follow if any abuse was suspected. The provider and staff had access to the local authority safeguarding policy and protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the provider or outside agencies if this was needed. People

could be confident that staff had the knowledge to recognise and report any abuse.

The risk involved in delivering people's care had been assessed to keep people safe. However, we found that risks for example in relation to epilepsy, catheter care and the use of oxygen did not provide detailed guidance for staff. On the second day of the inspection management were in the process of addressing these issues.

Risks were minimised and safe working practices were followed by staff. The risk assessments contained instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example, falls risk assessments were in place for staff to refer to and act on.

Accidents and incidents were clearly recorded and monitored by the provider to see if improvements could be made to try to prevent future incidents. For example, use of a pressure mat, to alert staff when a person gets out of bed.

People said they felt safe and relatives told us that they knew their relatives were safe. However, we observed one incident where moving and handling practice that was not safe. This issue was immediately addressed.

Medicines were stored, and disposed of safely. Nurses followed the provider's medicines policies. Nurses were trained to assist people with their medicines where this was needed. People who received support from nurses with their medicines told us that they were given their medicines as required by their GP. Staff we talked with told us how they supported people safely when dealing with medicines. People were asked for their consent before they were given medicines and staff explained what the medicine was for. Audits of medicines were carried out and nurses signed medicines administration records for any item when they assisted people. Records had been accurately completed. Staff were informed about action to take if people refused to take their medicines, or if there were any errors.

On checking the medicine room, we found there was overcrowding in one of the cupboards. It was found in one medicine trolley that that the lunchtime and teatime medicines were on one rack as were the night and 6.00am medicines. There was a risk that staff may not realise that the medicines were for a different time and the wrong medicines would be given. These issues were discussed with management. On the second day of the inspection all of these issues had been addressed.

People were cared for in a safe environment. The premises had been maintained and suited people's individual needs, as they included communal rooms and bedrooms. These were personalised to people's tastes. Equipment was serviced and staff were trained how to use it. The premises were designed for people's needs, with signage that was easy to understand. The premises were maintained to protect people's safety. There were adaptations within the premises like handrails to reduce the risk of people falling or tripping. There was also wheelchair access from outside the premises to inside. Equipment was provided for those who could not weight bear so that they could be moved safely.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced. Therefore people could be evacuated safely.

Good

Is the service effective?

Our findings

People who could respond felt that their health needs were well met at the service. One person said, "The optician came here and I don't need to see a dentist". Another person said, "My medical appointments are in here. They do all that". People told us the food was good. They said, "Food is very good. There is a set menu but if we don't want it we have other choices e.g. every night at supper time I always get tomatoe soup especially made for me", "Very good, this morning the breakfast was lovely and there's plenty of it", and "It's ok, but sometimes I don't like it, but we get choices".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lace 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised un the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The care plans for people who lacked capacity, showed that decisions had been made in their best interests. The records showed that relevant people, such as social and health care professionals and people's relatives had been involved. Staff had received training in relation to the Mental Capacity Act and DoLS. Management understood when an application should be made and how to submit them. This ensured that people were not unlawfully restricted.

We observed that staff sought people's consent before they provided care and support. Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's verbal consent to assist them with personal care such as helping them with their meals, or assisting them to the toilet. Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks. Consent forms were in place in each person's care plan. Consent forms had been appropriately completed by people's representatives where this was applicable. The forms showed the representative's relationship to the person concerned, and their authorisation to speak or sign forms on the person's behalf or in their best interests.

All new staff completed an induction when they started in their role. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people. Staff told us that they had received induction training, which provided them with essential information about their duties and job roles. Management said that any new staff would complete an induction programme and shadow experienced staff, and not work on their own until assessed as competent to do so.

Records seen showed that staff had also completed nationally accredited qualifications in health and social

care. These are work based awards that are achieved through assessment and training. To achieve qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard.

Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as dementia care awareness. This training helped staff to know how to empathise with people who had old age confusion as well as anyone with dementia.

Nurses also undertook additional training relevant to their nursing role for example, catheterisation training, syringe driver training, and principles of end of life care. This meant that people were supported by nursing staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff were supported through individual one to one meetings and appraisals. Nurses received clinical supervision and support from management. Nurses were in the process of completing the revalidation process. They were responsible for keeping up to date with training. One to one meetings and appraisals provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. The staff said that they had handovers between shifts, and this provided the opportunity for daily updates with people's care needs. We saw that formal supervision records showed that one to one supervision was given more frequently to new staff to ensure their understanding of their training and the procedures in the home. Staff were aware that the registered manager and deputy manager had an open door policy and was available for staff to talk to at any time. Staff were positive about this and felt able to discuss areas of concerns within this system. Staff received an annual appraisal and felt these were beneficial to identify what they wished to do within the service and their career. All of the staff we talked to said that the staff 'worked well as a team' and this was evident in the way the staff related to each other and to people they were caring for.

People were supported to have a balanced diet. People's dietary needs were discussed before admission and the cook was informed. The cook was familiar with different diets, such as diabetic diets and vegetarian. There was a menu in place that gave people a variety of food they could choose from. People's likes and dislikes were recorded and the cook was aware of what people liked and did not like. There were two choices of main course and pudding each day. People were offered choices of what they wanted to eat and records showed what they had chosen. One person said, "Food is lovely, I've got no complaints". One relative told us, "The food is good, although my wife has a soft diet".

Some people needed to have their food fortified to increase their calorie intake if they had low weights. Staff weighed people monthly and recorded the weights in their care plans. They informed the registered manager of any significant weight gains or losses, so that they could refer them to the doctor for any treatment required. Examples of making sure that people had sufficient food intake included, offering snacks throughout the day and night, and full fat bedtime drinks. People told us drinks were always available. One person said, "Yes I can have a snack and/or drink when I want". One relative told us, "Yes, always offered a snack and drink".

People were involved in the regular monitoring of their health. This meant that the registered manager had procedures in place to monitor people's health. Nursing staff carried out on-going checks for people's health needs, and contacted other health and social care professionals, such as GP's for support and advice. Blood glucose testing was performed as required for people who were diet or tablet controlled diabetic, and more frequently if required for anyone who was on insulin. Nurses held responsibility for different areas of health care, such as wound care, medicines and continence care. This enabled them to concentrate on specific aspects of the work and to inform other nurses of updates and changes in their given subjects. Referrals

were made to health professionals including doctors and dentists as needed. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People's health and well-being had been discussed with them regularly and professionally assessed and action taken to maintain or improve people's welfare. People told us that the doctor regularly visited and if they wanted to see the doctor the staff would make an appointment. Blood pressure monitoring along with temperature, pulse and respirations were performed by the nurses.

The premises were suitable for people who use wheelchairs or have difficulty moving around. Some adaptations to the environment had been made to meet people's physical needs. For example, a range of equipment for transferring people, from their bed to a chair. Toilets had raised toilet seats as necessary, and grab bars which provided support for people to enable them to retain their independence.

Good

Is the service caring?

Our findings

People were very positive about the staff and living at the home. People said, ","If you talk to them they listen and give me privacy if I need it", "I like living here", "The nurse has come and talked to me and I've told her a thing or two and they have taken notice", "They do as much as possible but sometimes when they are rushing they don't listen quite so well", and "I love the carers".

Relatives told us, "All here are very friendly and I think it is a great place", and "Very good, good girls (staff)".

Positive caring relationships were developed with people. Throughout the course of our inspection we observed staff engaging in meaningful conversations with people. People were treated with kindness and understanding. People were comfortable with staff and staff knew people well and what they liked and didn't like.

People and their relatives had been involved in planning how they wanted their care to be delivered. Relatives felt involved and had been consulted about their family member's likes and dislikes, and personal history. People said that staff knew them well and that they made choices throughout the day regarding the time they got up went to bed, whether they stayed in their rooms, where they ate and what they ate. People felt they could ask any staff for help if they needed it. People were supported as required but allowed to be as independent as possible.

Staff were responsive to people's needs. People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. Staff encouraged people to make their own decisions and respected their choices. For example, people were encouraged to choose when to get up, and when to go to bed and to decide what they wanted to wear. Changes in care and treatment were discussed with people or their representative before they were put in place. People were included in the regular assessments and reviews of their individual needs.

Staff chatted to people when they were supporting them with walking, and when giving assistance during the mealtime. The staff seemed to know the people they were caring for well. They knew their names, nicknames and preferred names. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. Staff were able to understand people's wishes and offer choices. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff supported people in a patient manner and treated people with respect. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people.

We observed over lunchtime that people were asked where they would like to sit, and asked whether they wished to use clothes protectors or not. Most people asked opted not to. Staff worked well as a team and were well organised. Staff advised people that the plates were hot when placing them on the tables. A person who needed support to eat their meal was served and a member of staff sat with them and gave the

support that was needed. During the meal the staff member was understanding, patient and caring. The staff member was also inclusive ensuring that there was interaction with the other people at the table. A new person, having their first meal was welcomed and asked what they liked, did not like, and what size portions they preferred. They were served accordingly. Throughout the meal staff encouraged people to enjoy the meal, and enquired if anyone needed support, for example cutting up meat.

People said they were always treated with respect and dignity. People told us, "The door is always closed when they are dealing with me. Yes, they are very understanding", "Yes, especially when they are washing me" and "Yes, especially when being supported with personal care. They are very good". One relative told us, "Yes, I feel her dignity is kept". Staff gave people time to answer questions and respected their decisions. They spoke to people clearly and politely, and made sure people had what they needed.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people had personalised their bedrooms according to their individual choice. For example family photos and small pieces of their own furniture. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Recent compliments received by the service included, "You really cared and treated her with respect and dignity, even at trying times. Many thanks again", "Thank you all for your help and patience with the care of my Dad", and "The happy atmosphere you have created for all the residents is something we will always remember".

Good

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. People said they had no complaints about the service and routines were flexible to accommodate their choices. People told us, "The call bell gets answered reasonably well", "Staff know how I like things to be done", and "I am quite happy with the activities".

Management carried out pre-admission assessments to make sure that they could meet the person's needs before they moved in. People and their relatives or representatives had been involved in these assessments. This was an important part of encouraging people to maintain their independence. People's needs were assessed by management and care and treatment was planned and recorded in people's individual care plan. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs. The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating their assessments as needed. Staff were able to describe the differing levels of support and care provided and also when they should be encouraging and enabling people to do things for themselves. Support was individual for each person. We saw that people could ask any staff for help if they needed it. Staff knew the needs and personalities of the people they cared for.

People were supported to take part in activities they enjoyed. We saw individual records of activities that people had taken part in. We spoke with one of the activity co-ordinators and saw the weekly in-house programme of activities and the monthly programme where outside entertainers visit the service. In-house activities included music, films, bingo, keep fit and the activities co-ordinator also spent one to one time with people that remained in their bedroom. As part of a creative partnership with 'Ladder to the Moon', an activity called 'Let's open the Box', is regularly undertaken. The service received a new box every month and so far there has been a story telling box, a mega music box, a bird box, and a desert island disc box. The activities co-ordinator said that the use of the boxes provide topics for conversation and promotes interactions between people. Visiting entertainers for September 2016, included, a singer, Medway Middle Eastern Dance, and a talk about the great British summer. As part of the 'Vibrant Communities' events that are funded by the provider, people at the service had taken part in the filming of their own version of 'South Pacific'. Their film was booked in the activities programme to be shown at the end of the month. People were involved in activities of their choice that kept them occupied and stimulated. People's family and friends were able to visit at any time.

There was a policy for handling complaints. Information about making a complaint was available and people were given information on how to make a complaint in a format that met their communication needs, such as large print. People were given the opportunity at regular reviews to raise any concerns they

may have. All visitors spoken with said they would be confident about raising any concerns. One person told us, "I have raised a couple of issues and they have been resolved, e.g. meals were not warm enough. I spoke to the nurse and it was sorted." One relative said, "If I had any concerns I would speak to the staff". The registered manager would investigate and respond promptly to any complaints made. The deputy manager said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. An issue raised in January 2016 had been suitably resolved and recorded, and there had been no formal complaints received since February 2016. People told us they knew how to raise any concerns and were confident that the provider would deal with them appropriately within a set timescale. Relatives told us that they were updated by management of any changes that were made, together with their opinion being asked on further planned changes.

Good

Is the service well-led?

Our findings

People spoke highly of the management team, and said that staff listened to them. Staff said they felt they could speak with management if they had any concerns, and that they liked working for the service. Our discussions with people, the operations manager, the deputy manager and staff showed us that there was an open and positive culture that focused on people. Staff told us they were free to make suggestions to drive improvement and that management were supportive of them. One member of staff said, "I love working here". Another member of staff said, "Nicest place I have worked in".

There were systems in place to review the quality of all aspects of the service. All systems were regularly reviewed supported by the area manager who visited regularly. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, care planning and accident and incidents. Appropriate and timely action had been taken to protect people and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. The most recent 'Home Review Audit' had been carried out on the 10 August 2016. These checks were carried out to make sure that people were safe.

There were effective systems in place to manage risks to people's safety and welfare in the environment. The provider contracted with specialists companies to check the safety of equipment and installations such as gas electrical systems, hoists and the adapted baths to make sure people were protected from harm.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; and daily contact with the provider and staff. People told us that there was good communication with the provider. This meant that people were being asked about their experiences of the service to improve or monitor quality.

Staff were aware that the provider had an open door policy and were available for staff to talk to at any time. Staff were positive about this and felt able to discuss areas of concern within this system. All of the staff we talked to said that the staff 'worked well as a team' and this was evident in the way the staff related to each other and to people they were caring for.

The provider, and the staff were well known by people in the service. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them. People and relatives spoke highly of the staff. We heard positive comments about how the service was run by the provider. They said the provider had an open door policy. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views.

The management team at Poplars Care Centre included the provider, the operations manager, the registered manager and the deputy manager. The provider and operations manager supported the registered manager and staff team. Staff understood the management structure of the home, which they

were accountable to, and their roles and responsibilities in providing care for people. Communication within the service was facilitated through regular meetings. Minutes of staff meetings showed that staff were able to voice opinions. Staff told us there was good communication between staff and the management team. The provider had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

Policies and procedures were in place to make sure they reflected current research and guidance and were updated regularly. Policies and procedures were available for staff. The provider's system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice, and also directed staff to the Care Quality Commission.

The management team demonstrated their commitment to implementing changes, by putting people at the centre when planning, delivering, maintaining and aiming to improve the service they provided. From our observations and what people told us, it was clear that changes in practice had been successfully cascaded to the staff and were being put into practice. It was clear that they were committed to caring for people and responding to their individual needs. For example, variety and choice of food provided, decoration of bedrooms to meet individual needs either prior to admission to the service, or as part of on-going re-decoration.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

The provider was aware of when notifications had to be sent to the Commission. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the provider understood their legal obligations.