

Borough of Poole

Borough of Poole - Supported Living Service

Inspection report

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07 February 2019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

People's experience of using this service:

- People's experiences had improved significantly and they now received outstandingly effective, caring and responsive care and support from an exceptionally well led and constantly improving service.
- People consistently told us how they were treated with exceptional kindness, compassion and respect. We received overwhelmingly positive feedback on how staff were supportive and everyone we spoke with praised the service they received. Comments from people and relatives included; "I consider myself the luckiest man ever", "I feel better about myself. I've got things I can do and I'm really busy all the time. I never got out of bed before. My life has improved... This makes me feel able instead of disabled", and, "I can't tell you how much her life has improved over the last 12 months."
- People and staff described how the service made them feel respected, valued and listened to. Respect for privacy and dignity was at the heart of the service's culture and values.
- People were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People received exceptionally personalised care and support specific to their needs and preferences. People had had the opportunity to choose their own staff and ensure that they were compatible. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs.
- Staff were highly skilled, motivated and knowledgeable. They provided flexible care and support in line with a person's needs and wishes. The staff team was now stable which meant that people had achieved positive outcomes, exceeding their own and others, previous expectations.
- The service was exceptionally well-led. The registered manager demonstrated how their open and listening management style and robust quality assurance systems had sustained continual development and improvement at the service. They had demonstrated ways of working that ultimately improved the outcomes for people they supported. They were clear about their expectations relating to how the service should be provided and led by example. Since the last inspection, they had made many positive changes and were driven to provide an outstanding service. They were supported by a staff and a senior team who were passionate and fully committed to delivering quality person-centred care to people. Staff were motivated by and proud of the service and morale was very high within the service.

Rating at last inspection: GOOD (The date last report published was 13 May 2017).

About the service: Borough of Poole supported living service provides personal care and support to adults

with learning disabilities living in their own homes.

Why we inspected: This was a planned inspection based on the rating at the last comprehensive inspection. The service has improved and has now been rated Outstanding.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated as Outstanding.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

Borough of Poole - Supported Living Service

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Borough of Poole supported living service provides personal care and support to adults with learning disabilities living in their own homes. At the time of the inspection the service was supporting 26 people.

The service had a manager registered with the Care Quality Commission. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit. We needed to be sure that people were informed that we would be contacting them by telephone, and we needed a manager to be available to facilitate this inspection.

Inspection site visit activity started on 6 February and ended on 8 February 2019. We visited the office location on 6 February 2019 to see the registered manager and visited and met seven people in their homes on 6 and 7 February 2019. On 8 February we spoke with three people's relatives. During the inspection visits we reviewed two people's care records and records relating to the management of the service. We spoke

with seven staff during our visits. Three further staff submitted feedback via our website. Following the inspection, the registered manager sent us information about their improvement plans, quality assurance, staff training and case examples for people who used the service. We also received email feedback from another three relatives.

What we did:

We used information the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public. Before and following the inspection, we sought feedback from health and social care professionals by email and telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People continued to be safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- ☐ People told us that they felt safe and relatives trusted staff and felt their relatives were safe in their care. One person read out a letter they had written for CQC and they said, "[four named staff] are exceptional members of staff who I know I can trust 100%. They help me feel safe and help me with my anxiety". Another person told us, "I phone [registered manager] if I'm worried and I feel safe here now".
- ☐ Staff fully understood their role in protecting people from abuse. All staff had received training on the safeguarding of adults and children.
- ☐ The registered manager and senior team had a good knowledge of safeguarding and had raised issues with the local authority when concerns had been identified. We received feedback from the local authority safeguarding teams to confirm the service had worked with them in reporting concerns and taking appropriate action in response.

Assessing risk, safety monitoring and management

- ☐ Extremely robust contingency plans were in place to manage situations such as staff absence or unpredictable weather. For example, during the snow the week before the inspection the registered manager hired a 4x4 vehicle and collected the staff who could not get to people's homes.
- ☐ Risks to health and safety were assessed and control measures were in place to mitigate the risks identified. Informative and individualised risk assessments and management plans covered various aspects of a person's life, including those arising from complex medical conditions. This resulted in people being supported to safely take risks, try new experiences and to live full and active lives. For example, one person was anxious when they were travelling independently so staff provided the person with an attack alarm.
- ☐ Staff had fostered positive and trusting relationships with people and their relatives. Relatives told us this had improved since the service had provided all the care and support to people.
- ☐ Staff safety had been assessed, and measures put in place. Staff had access to the registered manager and senior staff through the on-call system and they regularly visited people's homes.

Staffing and recruitment

- ☐ There had been a significant improvement in the recruitment and retention of staff at the service and this was important to people and their relatives. There had been a massive reduction in the use of agency staff by the service since the last inspection.
- ☐ The service had robust recruitment procedures in place at the last inspection. There had not been any changes in the processes since the last inspection so we did not look at staff recruitment records.

- People told us they were involved in choosing the staff they worked with. One person Makaton signed they 'liked' their staff team. Another person said, "It's better with [registered manager] I'm very picky with staff. I want staff who are funny, jokey and like having a laugh. I don't want serious".

Using medicines safely

- Medicines continued to be safely managed.
- Staff were trained and deemed competent before they administered medicines, and regular checks ensured people received their medicines safely. People said they received their medicines when they needed them.
- Where safe to do so, people were encouraged to manage their own medicines. This promoted people's independence.

Preventing and controlling infection

- Staff were supplied with personal protective equipment for use to prevent the spread of infections. Records showed staff had received training in infection control.

Learning lessons when things go wrong

- The registered manager undertook a root cause analysis of any near miss, incident or accident to identify any patterns or trends so lessons could be learnt when things went wrong. The learning was shared at staff meetings and staff supervisions.
- There was evidence of extensive learning and reflection from incidents that had taken place.
- There was a proactive and robust approach to managing poor performance of staff. Staff were supported to improve their practice where concerns had been raised.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- People and relatives told us people were supported by very skilled and competent staff.
- Staff told us and records showed they received a variety of core training. Staff training was also developed and delivered around people's individual needs. For example, staff received specific training in mental health, dementia, diabetes and epilepsy. The training programme was tailored to the individual needs and learning styles of staff. For example, distance learning, on line training and face to face training. One staff member told us about their individual tailored learning plan and how other staff had supported them with their learning.
- All staff were completing the care certificate regardless of how long they had worked at the service.
- There was an excellent support and appraisal system for staff, which recognised that continuing development of skills, competence and knowledge, is integral to ensuring high-quality care and support. The one to one supervision agenda included CQC's five key questions and focused staff on how their skills and knowledge could impact on and improve people's lives. Staff were supported and encouraged to develop new skills and to progress within the organisation.
- Staff knew people extremely well and how to best meet their needs. They used the training they had received to support people and provide excellent outcomes and a good quality of life.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences had been fully reassessed following the service being responsible for providing all of people's care and support. The support element had previously been provided by another agency.
- Assessments were unique to each person and contained information and guidance specific to each person's needs and wishes. The service was holistic in its approach to the assessment, planning and delivering care and support. Assessments and support plans had been completed in exceptional detail. People told us they had been fully involved and listened to. People's relatives had also been involved where people were not able to communicate their preferences. People and relatives also told us staff were very skilled about supporting them to identify and set realistic and achievable outcomes.
- People were now being supported to be themselves and given access to information and support to live their lives as they chose. This included exploring their assigned gender roles, sexual orientation and perception of disability.

Supporting people to eat and drink and live healthier lives, access healthcare services and support

- People health needs were assessed and planned for, to make sure they received the care they needed. One person told us, "Staff help me when I'm poorly". They explained how staff had helped them improve their diet to improve their health after they were diagnosed with a vitamin deficiency.
- People and staff told us they planned their menu and did their food shopping together each week.
- Some people had complex health conditions. Staff ensured people experienced a level of care and support which promoted their wellbeing and meant they had a meaningful life. For example, one person had brittle and unstable diabetes. This meant they needed constant monitoring, their food and fluids to be measured and given at set times. Staff were very knowledgeable about the person's needs and knew they needed to adjust the person's food and fluids dependent on their blood sugars and levels of activity. The person's specialist diabetic healthcare professional told us, "The staff are doing exceptionally well at monitoring [person]. Their knowledge of him is outstanding and their care has kept him out of hospital. If they don't know anything they'll ask and their care has meant that they have kept [person] in their own home rather than needing nursing care". This person's relative also told us their family member's health was very well monitored by staff and they were always kept up to date.

Staff working with other agencies to provide consistent, effective, timely care

- Each person had a hospital passport that included important information about them that other professionals needed to know in an emergency.
- There was significant evidence to demonstrate that links with health and social care services were excellent especially where people had complex behaviours or health needs. The service had worked with local GP services to hold health sessions in people's homes for those people who did not like visiting health settings.
- Support plans were developed in conjunction with a host of other professionals such as speech and language therapists, kidney specialists, occupational therapists, physiotherapists, learning disability nurses, epilepsy nurses, diabetic nurses, district nurses and psychiatrists. This meant people continued to receive seamless care as they went about their daily lives. Staff were also working with learning disability community nurses to undertake ongoing dementia assessments for people.

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

Ensuring consent to care and treatment in line with law and guidance

- Staff continued to have an excellent understanding of the MCA and when the principles should be applied. These principles were the starting point for all support decisions for people. Best interests decisions were in place where needed.
- One person told us staff always sought their consent. They said that at times because of a health condition they may not always be able to give their consent. They said, "Staff understand and if I'm struggling and very ill they will make decisions for me".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported

- □ Staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. Staff had developed caring and respectful relationships with people and their wider family networks. Relatives told us their family member was now better supported by the staff. Staff ensured that people were supported to maintain relationships with others who were important to them.
- □ Staff spoke of people with fondness and genuine concern for their wellbeing and the happiness. They were so proud of people's achievements and progress over the last year. They were able to describe how the way they had cared for and supported people had changed some people's lives beyond recognition. For example, one person who was reluctant to leave their home and go out in public was now going to the local café and handling money. Another person was recognising when they were unwell and making their own medical appointments. A third person had been supported to attend medical appointments to fully assess their eyesight so they could find out whether they could learn to drive.
- □ The registered manager recognised people needed to be supported by staff who they could build positive relationships with and whom they could trust. They tried to ensure they matched staff with people. People told us they were now asked about the qualities they wanted their staff team to have. One person said, "I consider myself the luckiest man ever. I have been selected the best key worker [staff name] ever, who has taken me under her wing and I have been able to access the community with no anxiety. I have been able to place my trust in other support workers who are exceptional members of staff." Another person Makaton signed 'like' and 'happy' when asked about their staff team.
- □ Those people who did not communicate verbally were very relaxed with staff, they actively sought staff and smiled and laughed with them. There was genuine affection and warmth between people and staff.
- □ Relatives spoke very highly of how caring and kind the staff were. One relative told us, "I'm very happy with everything. [Person] now has a stable staff team who she gets on with and she's very well cared for".

Supporting people to express their views and be involved in making decisions about their care

- □ People and family members had been involved in care planning and had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences. Support plans took into account people's disability, age, gender, sexual relationships, religion and cultural needs. One person told us, "Staff ask me everything. They ask me first and I'm in control of everything".

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff putting this into practice during the inspection. Staff were consistently polite, courteous and engaged and were genuinely pleased to be at work. People were treated respectfully and were involved in every decision possible.
- ☐ There was a strong and exceptionally positive focus on promoting people's dignity and independence to enhance their lives and wellbeing. Staff were able to give us multiple examples. For example, with gentle encouragement and staff supported one person who had never done so before, to start using the toilet, rather than using incontinence wear. The person had also started walking short distances rather than using their wheelchair. The person was happy, smiling and relaxed with staff when we met them. Staff told us they person no longer used any 'as needed' medicines because they were not anxious anymore.
- ☐ Some people had been supported to move on to more independent living after many years living in the same shared accommodation.
- ☐ Staff provided both practical but also emotional support to people and their family members.
- ☐ Staff felt extremely well cared for by the registered manager and provider. There was a positive focus on their mental health and well-being. Systems were in place to provide staff with counselling support if needed. All the staff spoke very highly of how they were cared for by their managers and colleagues. One staff member said, "We help and work together as a team. We look after and care for each other. I have passion for the work and people we care for." Another staff member said they could "feel the love" in the way the managers and staff team cared for each other and the people they supported.
- ☐ Staff received training and supervision to ensure they were maintaining people's privacy, independence and dignity. In addition, each person's care plan detailed how they wanted their dignity respected.
- ☐ Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- □ People who were able to spoke extremely highly of the service they received and felt that it met their needs in every aspect of their support.
- □ The service and staff displayed an extremely person-centred approach which was reflected in assessments and care plans and evidenced in the care and support people received. Each person was regarded as an individual, with their own social and cultural diversity, values and beliefs.
- □ Information was available in a variety of formats to meet the communication needs of those using the service. People's plans included how they communicated and if they used any communication aids or systems.
- □ People were living full and active lives in their home and in the community. People's plans detailed how they liked to spend their time and what their wishes and aspirations were. For example, one person told us, "I feel better about myself. I've got things I can do and I'm really busy all the time. I never got out of bed before. My life has improved. I'm now a sports coach, I'm more active and I'm walking around the flat. This makes me feel able instead of disabled. I went to Magaluf on holiday like other young people do and it was brilliant".
- □ Staff told us about the positive differences in being able to provide people with support as well as personal care. One staff member said, "All the changes for people are for the better. We can now support people to do things when they want and it's not institutionalised now". Staff were very enthusiastic about telling us the things people had achieved or tried for the first time in the last year.
- □ A relative told us, "I can't tell you how much her life has improved over the last 12 months. For example, she now goes to have her hair cut and styled at a salon like you and I would."
- □ The service was extremely responsive to people's changing needs. For example, staff had supported one person during a health crisis whilst they were out of the country on their first holiday abroad. The staff communicated with the registered manager who ensured all the health professionals here shared relevant information with the health professional abroad. The registered manager video called the person daily whilst they were in hospital to reassure them and the staff. The person quickly recovered and continued their holiday.
- □ The service operated an effective out-of-hours on call service for both people and staff.

Improving care quality in response to complaints or concerns

- □ People knew how to provide feedback about their experiences of care. The service provided a range of ways to do this through monthly review meetings, regular surveys and other meetings held with people and relatives.

- People were given information about how to make a complaint and they and their relatives were confident any complaints they made would be listened to and acted upon in an open and transparent way.
- People and relatives said they would have no hesitation in raising a concern and commented, "If I was worried or upset I would talk to [registered manager] or other staff and they would sort it out", "I phone [registered manager] if I'm worried and he sorts it out" and "Any issues are sorted out by a quick phone call".
- Complaints had been dealt with appropriately by the registered manager and used as an opportunity to improve the service. Learning was shared in team meetings and staff supervisions.

End of life care and support

- The service was working with people to think about and plan for the end of their lives. This included whether they wanted to consider setting up a funeral plan.
- The service had recently supported one person at the end of their life. Staff wrote the person's eulogy for their brother to read out and staff and the person's friends and peers who they had lived with attended the person's funeral. Staff and other people were given emotional and practical support by the service following the person's death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- □ The registered manager and senior team had a highly effective oversight of what was happening in the service, and when asked questions were able to respond immediately, demonstrating an in-depth knowledge in all areas. The registered manager visited people in their flats every day and also completed out of hours spot checks.
- □ There was a clear management structure in place and staff were aware of their roles and responsibilities. All staff fed back the great sense of teamwork and the strong focus in personalised care and support for people. Staff told us they worked as a team under the leadership of the registered manager and senior team. One staff member said, "I've still got the same enthusiasm for the job that I've always had but it feels great with [registered manager], he gives us lots to be proud of. If you've got good management it makes all the difference."
- □ Staff told us there was a very open, no blame and learning culture at the service. One staff member gave the example of making a medication error and how they had been fully supported throughout and the learning was shared across the staff team.
- □ There was a particularly strong emphasis on continuous improvement for staff and the service. There were robust quality assurance systems and checks in place. The registered manager could outline to us how the service had moved forward since the last inspection and what innovative changes they had made. These were focused on supporting and enabling individuals, so people could take control of and improve their lives. Staff had written case examples of how they had supported people and what the person had then achieved. These examples were shared across the team with people's permission so their achievements were recognised and celebrated.
- □ There were extremely robust quality monitoring systems that had been introduced that focused on improving outcomes for people who used the service.
- □ The registered manager and other registered managers for the provider shared good and outstanding practice with each other.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- □ People and relatives told us the registered manager was visible and known to them and approachable. We saw the registered manager to be kind, caring, passionate about their role and that they knew people extremely well including their relatives.
- □ People's views were sought via surveys, monthly reviews and flat meetings.

- One person told us, "It's different, better with [registered manager] he listens to us and tries to sort things out as soon as possible". Another person said, "[Registered manager] is an excellent manager who has the best heart of gold ever and is dedicated to those that have come from bad(sic)...He never ever gives up on anyone". A third person gave a thumbs up for the registered manager.
- The service had received 20 compliments since the last inspection. These had been shared with staff.
- Relatives stressed to us in their feedback how well led the service was, were very positive about the registered manager and the improvements they had seen for their family members over the last 18 months. One relative told us, "I see the manager not only as the person in charge but also as a supportive friend. I do attend meetings where my views are heard and acted upon if shown to be appropriate and helpful." Another relative said, "[registered manager] and other members of staff are helpful and approachable and efficient."
- Compliments showed and professionals fed back that there was a very positive working relationship with the service and that the communication between them was very effective.
- The service had worked in very close partnership with the housing provider to ensure people's flats were refurbished. People and relatives told us the registered manager had driven the improvements in the accommodation. The registered manager had also worked in partnership with people's appointees so they were able to purchase new furniture for their flats. People had a great sense of pride as they showed us their refurbished flats and furniture. One person who did not communicate verbally showed us how they had cleaned their windows before they let us in to see them.
- The service had worked with People First (local advocacy group) to support people to speak up. People had completed a speaking up project and developed some of the quality assurance tools being used as a result.
- The service has established a link with the police and had workshops with people to better inform them on how the police can help them in the community. This had been a positive experience for one person who had phoned the police for a reason that wasn't appropriate. People had also been provided with easy read versions of hate crime leaflets.