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Pooleview Support Services

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?

Requires Improvement ●

Summary of findings

Overall summary

This announced inspection took place on the 09 and 10 July 2018. At our last inspection on 29 September 2016 we found that staff were unsure how to support people in line with the Mental Capacity Act 2005 and the provider did not have a culture of driving improvement. At this inspection we found the provider had made improvement to these areas. However, further improvements were required in relation to the recording of this information.

Pooleview Support Services provides care and support to people living with learning disabilities and autism in a 'supported living' setting so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection, the provider was supporting three people with their personal care needs.

The Care Service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. There was not a registered manager in post. This was because the registered provider managed the service and there was a small staff team providing care and support to people.

People were safe from harm and abuse. Staff had a good understanding of abuse and how to report concerns both within the organisation and outside of it if required. Individual risks were assessed and staff knew how to minimise risks to people. People received their medication as prescribed.

People were supported by staff who had the skills and knowledge to meet their needs. People had access to food and drink and staff encouraged people to ensure they had sufficient amounts. People had access to healthcare professionals when required and were supported to maintain their health and wellbeing.

People said they liked the staff team and we saw they had built up close relationships with them. People were supported to make their own choices and decisions. People were encouraged to be as independent as possible and were treated with dignity and respect.

People's needs were assessed and reviewed with people and relatives regularly. Staff were responsive to people's needs and knew people well, including their likes, dislikes and preferences. Staff supported people with activities and to go out into the community when they wished. We saw people had a good relationship with the provider and felt able to give feedback and input into the service.

Staff felt supported by the provider and had the opportunity to give feedback for improvement. Quality monitoring systems were in place but required further improvement to ensure recording of information was robust and highlighted areas for development.

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 were protected from harm because staff knew how to spot signs of abuse and how to report concerns.

People received their medicines as prescribed. Individual risks to people were assessed and monitored. People were protected from risk of infection.

There were enough staff to meet people's needs.

Is the service effective?

Good 

The service was effective.

People were supported to make their own decisions and given choices. People's consent was gained before staff provided support.

People were supported by staff who had the skills and knowledge to meet their needs.

People received support with their meals and drinks and had access to health professionals when required.

Is the service caring?

Good 

The service was caring.

People were supported by kind and caring staff who knew them well.

People's privacy and dignity was respected by staff.

People were encouraged to be as independent as possible and were supported to communicate in their preferred way.

Is the service responsive?

Good 

The service was responsive.

People and relatives were involved in the planning and review of their care.

People had personalised care plans in place and staff were responsive to people's needs when they changed. People were supported to take part in activities of their choice and there were no restrictions in place.

People knew how to raise concerns.

Is the service well-led?

The service was not consistently well-led.

Although quality monitoring systems were in place, the recording of errors and actions taken required improvement.

Feedback from people who used the service was used to drive improvement.

People and relatives spoke positively about the registered provider. Staff felt confident approaching the registered provider and felt supported in their roles.

Requires Improvement 

Pooleview Support Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place over two days on 09 and 10 July 2018. The inspection was announced and the provider was given 48 hours' notice that we would be visiting the service. This was because the service provides a supported living service and we needed to ensure the provider, staff and people would be available to meet with us. The first day was spent with the nominated individual who is also the provider, staff and people using the service and the second day was used to make phone calls to relatives and professionals.

The inspection team comprised of one inspector. When planning our inspection, we looked at information we held about the provider. This included checking if we had any statutory notifications which are notifications about deaths, safeguarding alerts and accidents and incidents which they are required to send us by law. We also contacted the local authority and commissioners for information held about the service.

As part of the inspection process we spoke with three people who use the service, one relative, the nominated individual who was also the provider, two care staff and one professional. We looked at three people's care records to see how their care and support was planned and delivered. We also looked at medicine records, staff recruitment and training files, policies and procedures and the provider's quality monitoring systems.

Is the service safe?

Our findings

People told us they felt safe and were happy. One person said, "It's a nice place here, I like it." We saw that people were comfortable and happy to approach staff.

People were protected from harm because staff knew how to spot signs of abuse and how to report concerns. Staff were knowledgeable about when they might need to report concerns outside of the organisation and who they would report concerns to. One staff member said, "I'd report it to [registered provider] and if nothing got done, I would whistleblow, I'd tell CQC." There was a system in place for recording accidents and incidents and feeding back to staff. Staff told us they were kept up to date and informed of outcomes.

People had risk assessments in place to ensure individual risks were monitored and minimised. We saw that people had risk assessments in place for areas including; falls, medication and eating and drinking. The records we viewed had clear information about what the risk to the person was and what was required from the service or other professionals to reduce the risk. For example, one person needed to be prompted and monitored when eating due to risk of choking. We saw there was a risk assessment in place detailing what food or drink they could not have. Staff had this information kept in the house for the person in an easy read format so they could understand. Staff demonstrated they knew how to minimise risks to people. One staff member told us, "[Person] always has to be observed and encouraged to chew".

People told us they were supported to take their medicines as required. One person we asked about medication said, "Yes, they [staff] do everything for us." Staff told us and records confirmed that staff were trained to ensure they gave medication safely. One staff member told us, "We have all had medication training and have refreshers. We keep it all in a locked cupboard, they are in blister packs, we tip them into a pot and then we make sure we take them and record on their chart." We saw that people's medication recording charts showed that people had been given their medication as required and medication was disposed of safely.

Some people were prescribed 'as required' medicines. Staff were knowledgeable about when they were required and explained how they would always try alternative methods before giving the medication. One staff member said, "We know the trigger points. If we know they are having a bad day, we will try speak to them and then leave them and usually they will come and speak to us when they're ready." Another staff member told us, "We don't give it very often, only when we really need to."

People told us and our observations confirmed there were enough staff to meet people's needs. The staff team had worked at the service for several years and lived close by. The registered provider told us this enabled them to cover shifts and meant they did not use agency staff. The registered provider explained, they also work a set number of hours per week and would cover shifts if required. Staff we spoke with said they felt there was enough staff. One staff member said, "We only live local so we can always cover" and another told us, "We have time to sit with them, I am always outside in the garden with [person]."

The registered provider had a system in place to ensure safe recruitment. All staff members had been required to provide references from previous employees and complete a check with the Disclosure and Barring Service (DBS). The DBS checks help providers reduce the risk of employing someone who is potentially unsafe to work with vulnerable people.

People spoke with told us they were happy with the cleanliness of their rooms and home. One person said, "We clean our bedrooms and the bathroom, I like cleaning." We saw and staff told us that they had access to aprons and gloves for them to use when required.

Is the service effective?

Our findings

At the previous inspection in September 2016, we rated the provider as 'requires improvement' in this key question. This was because staff required further training to develop their knowledge in relation to the Mental Capacity Act 2005. At this inspection, we found that these improvements had been made and the rating for this key question is now 'good.'

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 people lack the capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff demonstrated a good understanding of the legislation, what this means for people and what is required when people cannot make a decision. One staff member said, "If they are able to make a decision, we give them choices, support them to make that decision or if they are unable, then there would be other professionals involved."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in respect of people in their own homes should be made to the Court of Protection. At the time of our inspection there was nobody who was being deprived of their liberty. However, we spoke with staff who demonstrated an understanding of what this meant for people.

Staff told us and we saw that they gained consent from people before supporting them. One member of staff said, "We ask them if they are happy for us to help them, if they cannot understand, we would re-word it and ask again and explain to them." Staff also gave examples of how they would know if someone wanted to be left alone via body language such as facial expressions and fidgeting. This meant that staff knew people well and could tell if they were giving consent via non-verbal communication if required.

Staff told us they received an induction before starting work with the service which prepared them for their roles. This included shadowing a more experienced member of staff, meeting the people that use the service and completing training. Staff told us they found the induction useful and felt they had the skills and knowledge to meet people's needs. One member of staff told us, "It gave me a lot of what I needed to know."

We saw that staff had completed training with regular refreshers to keep their knowledge and skills up to date in areas such as; safeguarding, equality and diversity and health and safety. A health professional we spoke with confirmed that staff were skilled to meet people's needs and they worked well together. A relative we spoke with told us, "The staff are really good."

People were supported to eat and drink throughout the day. One person told us, "The staff do our meals, we tell them what we want." Staff told us that people chose what went on the weekly menu and then they were

supported to complete their weekly food shopping. We saw people had access to drinks throughout the day and were being encouraged to have enough fluids.

We saw healthcare professionals had been contacted to provide staff with guidance and advice regarding specific dietary needs when people required support to eat. People were supported to eat a healthy diet and one person told us how happy they were that they had lost weight. A relative told us, "They [staff] have worked really well with [person] and they have done really well with their weight loss." Staff demonstrated they understood how to meet people's dietary requirements. One staff member explained how they supported a person who was diabetic. They told us, "[Person] is diet controlled diabetic so they can have most things in moderation or we give alternatives and [person] is not allowed fizzy pop."

People had access to health professionals when their needs changed. A relative we spoke with said, "[Person] would never go to health appointments or have injections, now they do and it's because of the work they have done with them." Staff told us how people have regular and routine appointments which they support people to attend as well making appointments if people's needs change. One staff member said, "They have routine psychiatrist appointments, health assessments regularly from the GP and dentist and opticians once per year." Records viewed showed that health professionals were involved when required and a professional told us, "They are very proactive at getting professionals involved and they act on things very quickly that we have suggested."

Is the service caring?

Our findings

People told us staff were kind and caring towards them. One person said, "They look after us." We saw that staff were friendly in their approach and people were comfortable around them. A relative we spoke with told us, "I get on with all the staff, they've worked really well with [person] and [person] trusts the staff."

Staff knew people's needs well including their likes, dislikes and preferences. Staff told us that they had worked at the service for a long time and knew people well and had built up a relationship with them. People's care records had information about their history and individual interests so staff were aware of individual needs when supporting people. Staff promoted equality and diversity within the home and understood how past experiences could affect them. The registered provider told us they were not aware of anyone using the service that identified as being Lesbian, Gay, Bisexual or Transgender (LGBT) or anyone with specific cultural needs. However, we asked the registered provider how they would support someone from the LGBT community or someone from a different ethnic background. They explained that they would be welcomed and encouraged to be open within their environment and protected from discrimination and would be supported to meet any cultural and religious needs.

People's privacy and dignity was respected within the home. People told us how they liked time on their own in their bedroom and that this was respected by staff. Staff gave examples of how they promote people's privacy and dignity. One staff member said, "I knock on the door and always ask first if they mind if I come in."

People were supported to communicate in their preferred way and to make their own choices and decisions. For example, one person required staff to speak slowly and clearly and sometimes required picture cards to be used. Staff explained that these would sometimes be used if the person was having trouble understanding, they gave an example of meal times. One staff member said, "Sometimes we will need to use picture cards when supporting them to make their meal or decide what they would like so we might ask if they want tomatoes and if they don't understand, show them a picture." People and staff told us there was not a set routine and people could go to bed and get up when they liked. One person said, "We can do what we want."

People were supported to be as independent as possible. People told us they cleaned their own room and the home with support if required. Staff gave examples of how they promoted independence by encouraging people to do their own washing, cleaning, shopping and getting washed and dressed. Staff told us how all the people living there take it in turns at meal times to do different tasks which they enjoy. One staff member said, "One will help with the cooking, one will lay the table and the other will clean up, they take it in turns." We also saw that the layout of the home had been adapted to enable one person to remain as independent as possible.

Is the service responsive?

Our findings

People were involved in the assessment, planning and reviews of their care. Records we looked at were in an easy read format and showed that people and their relatives or other professionals had been involved. A relative we spoke with told us they had regular contact with the staff and registered provider. Staff spoken with told us that care plans were reviewed and updated on a regular basis. One staff member said, "We review their care plans with them [people] once a year or if anything changes then we would do it then." We saw that care plans were personalised to people and although no one using the service was end of life (EOL), we saw some people had advanced care plans in place detailing their involvement.

Staff knew how to support people and meet their needs and were responsive when their needs changed. We saw that the registered provider had made changes to the layout of a person's bedrooms due to a deterioration in their condition. Staff told us how they were supporting this person by following advice from a health professional. One staff member explained, "The physio discharged [person] but we have been encouraging [person] to walk and they are doing really well."

People were supported to maintain relationships with the people that was important to them if they wished. One person was supported to keep in touch with their family by staying at their mother's house on a regular basis.

People told us they were supported to go out into the community and access education. One person told us, "Me and [person] go to college every week but break up soon." We spoke to people about going to college and they told us how they enjoyed going and the staff supported them to attend. Records showed that people were asked what they would like to do and we saw they had been supported to do these things such as; go to the cinema, out for meals together and go on holiday. One person told us, "We went to Blackpool". People told us they also liked being in their rooms and watching television. One person said, "I like my room, I've got my own TV and I like to watch TV after dinner."

People told us they would feel comfortable telling staff or the registered provider if they were worried or had concerns about something. There were clear policies and procedures in place for dealing with complaints and concerns and staff told us if someone wanted to complain, they would raise this with the registered provider after speaking with the person. Although people had easy read information on safeguarding including what abuse is and who to report concerns to, the registered provider did not have an easy read complaints policy for people. We spoke with the registered provider about this and they assured us this would be put in place following the inspection. However, we saw during our visit that people were comfortable approaching staff and the registered provider if they needed to.

Is the service well-led?

Our findings

At the last inspection in September 2016, we rated the provider as 'requires improvement' in this key question. This was because the quality monitoring systems had not been used to drive improvement within the service. At this inspection, although we found some improvements had been made, further developments in relation to the recording of this information was required. The rating for this key question remains as 'requires improvement'.

The provider had audits in place for areas including; medication, care plans and environment. Where any errors were identified, staff told us they were kept up to date verbally in order to improve their practice and the service. One staff member said, "If we need to know about something, [registered provider] will come over and hand it over and explain it, we are very up to date, they're very good at that." Staff also told us they had regular spot checks from the registered provider. They said, "[Registered provider] is always in and out, always over here." However, although staff and the provider confirmed information was given verbally and spot checks were completed regularly, this information had not been recorded to show any trends or actions completed. This meant we could not verify this information.

We also found recording regarding people's mental capacity, best interest decisions and communication with professionals required improvement. The registered provider and staff showed a good knowledge and understanding of what was required and when in relation to best interest decisions. However, this information was not always clearly recorded and required improvement. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in line with this regulation. Where we had identified issues, the provider received this feedback positively and were open and honest with their future plans for improvement.

Feedback from people who use the service was used to drive improvement and improve their quality of life. For example, we found the registered provider had received information from people about what could be done to their home and rooms to improve it for them. For example, one person suggested new wardrobes in their room and this had been organised. We also saw people had been supported to complete satisfaction surveys and these had been reviewed with the person's involvement. The result of these surveys was very positive with people feeling happy and cared for.

People and relatives we spoke with said they were happy with the service and felt the registered provider was approachable. One relative said, "It's the best life [person's] ever had, best place they've ever been." We saw people knew who the registered provider was and were relaxed and comfortable to approach and speak with them.

Staff told us and records confirmed that staff had regular supervision. They told us they felt the registered provider was supportive, approachable and were confident raising concerns. One staff member said, "[Registered provider] is really good, everything is second nature" and another told us, "We can throw ideas

around, they'll listen to us." A professional we spoke with also spoke positively about the registered provider. They said, "They're [registered provider] very easy to talk to, very easy to get hold of and the staff are settled."

All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. The registered manager had ensured this was on display within the service. The provider had correctly notified us of any significant incidents and events that had taken place. This showed that the provider was aware of their legal responsibilities.