

Polesworth Group Homes Limited

# Polesworth Group Pooley

## View

### Inspection report

19 Pooley View  
Polesworth  
Tamworth  
Staffordshire  
B78 1BN

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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

We inspected this service on 19 December 2018. The inspection was announced and carried out by one inspector and an expert by experience.

The service is a 'care home' operated by Polesworth Group Homes; a non-profit and independent provider of support for people with learning disabilities. The service, 19 Pooley View, is one of eight services provided by Polesworth Group Homes Limited. The service provides accommodation with personal care for up to four adults living with a learning disability. People in residential care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection visit, there were four people living at the home.

There was a registered manager in post. They had been registered with us for this service and one other of the provider's services. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in April 2016 we rated the service as Good. At this inspection, we found the quality of the care had been maintained and people continued to receive a service that was safe, caring, effective and responsive to their needs. The rating continues to be Good.

At times, staff were 'lone workers' at the service which meant there was just one staff member on shift. The provider's other services were within close proximity to the service and staff felt they could call upon them, or on-call managers, for support if needed. Everyone spoken with said the one staff member was sufficient to safely and effectively meet people's individual needs.

Staff understood their responsibilities to protect people from the risks of abuse. Staff had received 'safeguarding' training and raised concerns under the provider's safeguarding policies. The registered manager and provider understood and followed their legal responsibilities when safeguarding concerns were identified to them by staff.

People had their medicines available to them and were supported with these from trained staff. Staff had a very good knowledge of how to support people with healthcare conditions and 'when required' medicines should be given and followed individual protocols.

Staff had the appropriate levels of skill, experience and support to meet people's needs and provide effective care. Staff knew people well and individual risk management plans were in place for staff to follow. Staff supported people with kindness and in a caring way. Staff knew what action to take in the event of an emergency and could seek support from another of the provider's services close-by, if needed.

The provider checked staff's suitability to deliver care and support during the recruitment process.

People's nutritional and hydration needs were met and staff encouraged people to make healthy choices to maintain their wellbeing. Staff supported people to access healthcare services.

Staff had received training in the Mental Capacity Act 2005 and worked within the principles of the Act. Managers understood their responsibilities under the Act and when 'best interests' meetings should take place.

People had individual plans of care which provided staff with the information they needed. People were able to take part in individual leisure activities according to their preferences.

Staff were happy in their job role and felt supported by the registered manager through one to one and team meetings.

People and relatives had no complaints about the service and said staff would deal with any concern if they needed to raise something.

The registered manager and provider checked the quality of the service to make sure people's needs were met effectively. Feedback on a day to day basis from people was encouraged by staff. The registered manager and provider understood their regulatory responsibilities and worked with other organisations and healthcare professionals to ensure positive outcomes for people who lived at the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

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### **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 on 18 December 2018 and was announced. We gave short notice, the day before our inspection visit, to ensure staff and people would be available to speak with us. One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience on this inspection had experience of learning disabilities services.

Prior to our inspection visit, we reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law. The local authority told us they had no current concerns about the service.

We spent time with people and observing communal areas where people interacted with staff. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care.

During the inspection we spoke with the four people that lived at 19 Pooley View. We had telephone conversations with two people's relatives and one staff member. We spoke with the staff member on shift, the registered manager and the provider's chief executive officer.

We reviewed two people's care plans, daily records and medicine administration records. We also looked at the management records of the quality assurance audits the registered manager, chief executive officer and

provider; Board of Trustees, made to assure themselves people received a safe, effective quality service.

# Is the service safe?

## Our findings

At our last inspection we rated this key question as Good. At this inspection we found people continued to receive a service that was safe. The rating remains Good.

Staff had been trained in safeguarding people from abuse and told us they would report any concerns to the registered manager. One staff member told us, "I've never had any concerns here about abuse, people are well cared for. If I had a concern, I'd report it to the manager straight away. I'd contact CQC if needed." The registered manager and provider understood their legal obligations to notify the local authority and us (CQC) of specific events.

People told us they felt safe living at the home because 'staff locked the doors and kept them safe' and 'staff looked after them.' The provider had a system of recruiting staff to ensure their suitability to care and support people safely.

Risks of harm or injury to people were assessed and individual risk management plans were in place. One person had been assessed as being safe to go out alone and carried identity information in case they felt ill whilst out and needed help. The registered manager has assessed the person's road and personal safety. Staff had a good knowledge of how to maintain people's safety. For example, one staff member told us, "Sometimes, one person rushes their food at mealtimes, so staff always make sure they sit next to them, to prompt them to slow down. Staff are close by if [name] started to cough and needed help."

There was a fire alarm system in place at the home and people had Personal Emergency Evacuation Plans (PEEPS) in place which informed staff and emergency services of the level of support people would need in the event of an emergency. People living at the home were involved in fire drills and knew to leave the house if there was a fire and to walk together to another of the provider's services, less than five minutes away.

Medicines were stored and handled safely by trained staff, who had their competencies assessed by the registered manager. We looked at two people's medicine administration records (MAR) and found these had been completed correctly. Staff had not consistently ensured stocks of people's medicines were accurately recorded on their MAR and the provider's chief executive officer assured us they would remind staff of the importance of this. Protocols were in place to guide staff about 'when required' medicines should be given to people, to ensure a consistent approach was taken.

One person's medicines required below room temperature storage and whilst these were stored securely in a locked tin, this was in the kitchen food fridge. The provider's Chief Executive Officer told us they would purchase a designated medicines fridge.

Staff knew how to record accidents and incidents so that learning could take place when things went wrong. There had been 17 recorded incidents / accidents, so far, during 2018. A high number of these were due to one person's 'dizzy spells' and actions had been taken to seek healthcare guidance to ensure this person's safety was maintained.

The home was very clean and tidy and people were protected from the risks of infection. Staff had personal protective equipment (PPE), such as gloves and aprons, available to them. Staff said they used PPE when they supported people with personal care.



## Is the service effective?

### Our findings

At our last inspection we rated this key question as Good. At this inspection we found staff continued to give an effective service to people. The rating remains Good.

People were relaxed with staff who knew them well. Positive interactions took place between people and staff during our inspection visit. People's care needs were assessed and individual care plans were in place.

An induction programme supported new staff in their role. The care staff team of four had completed training they needed. One staff member told us, "I've just completed all of my refresher updates, the training given to us is good." A local hospital diabetes nurse specialist had provided staff with diabetes training tailored around one person's needs and staff felt confident with the skills they had been given so they could effectively support the person. Developmental opportunities were made available for staff to work toward nationally recognised awards and another staff member said, "I've recently started my level three health and social care diploma."

Staff were supported by one to one and team meetings and said they felt supported by the registered manager. The registered manager split their time between this and one of the provider's other services, which they also managed. Staff told us they could telephone the registered manager, or other on-call manager, if needed for advice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes 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 registered manager understood their responsibilities under the Act. One person's care record showed a 'best interests' meeting had taken place regarding a recent healthcare procedure that had taken place. One person had an approved DoLS and two applications to restrict people of their liberty had been applied for. Staff understood their role in protecting people, and worked within the principles of the MCA.

People's hydration and nutritional needs were met. Staff supported people to decide on a weekly menu plan; based on people's known likes and dislikes. People told us they enjoyed the meals prepared by staff, who were aware of healthcare professional guidance they needed to follow to reduce risks of one people choking and one person's specific dietary requirements due to a health condition. People's weights were monitored, and staff promoted people to make healthy choices to help them to achieve a healthier weight, where needed.

Staff supported people to visit healthcare professionals when needed. This included GPs, learning disability community services, dentists and chiropody services.

The service is a two-storey semi-detached house and not purpose built, but adapted to provide 'care home' facilities for people. For example, there are two 'wet rooms' that offer spacious and safe shower facilities. One person told us, "I had a knee operation, I find the new shower room much better for me and can hold the rail as well."

## Is the service caring?

### Our findings

At our last inspection we rated this key question as Good. At this inspection we found staff continued to have a caring approach toward people who were happy living at the home. The rating remains Good.

People described staff as kind and caring toward them. One person told us, "The staff care for me, they wash my hair for me. We always have a laugh together." Relatives made positive comments, one relative told us, "I have absolute faith in the staff" and relatives said they were always welcomed whenever they visited their family member at the home.

Staff told us they were happy in their job role. One staff member said, "I enjoy working here, I feel rewarded when people achieve things. For example, two people are part of a drama group and put on plays. We go to watch them and it's really good to see them achieving." Staff were polite to people, had a caring attitude and promoted people to make choices. For example, one staff member told us, "People have been supported to go Christmas shopping with one to one staff so they can take their time and choose things."

On the day of our inspection visit, everyone had chosen to spend the morning at home before going out to the Christmas party organised by the provider. People were relaxed and taking part in activities they enjoyed, such as watching a television programme.

Staff promoted people's independence and knew who needed support in what areas of their day to day life and who was able to do things for themselves. For example, one person went out alone and walked to their local Church services. Another person told us they helped in the kitchen and made drinks.

People told us, and we observed, staff respected people's privacy and dignity and staff knocked on the door before entering.

## Is the service responsive?

### Our findings

At our last inspection we rated this key question as Good. At this inspection we found staff continued to be responsive to people's needs. The rating remains Good.

People received personalised care that was responsive to their needs. People's needs were assessed and everyone had an individual plan of care. People knew they had a care plan and had been involved in reviews and signed in agreement to their support. People had key information listed in a 'passport to health' so that staff could share this with hospital staff if needed.

People told us they sometimes went out together as a group, but at other times chose individual activities. A staff member told us the registered manager supported them or arranged for other staff support when needed so people were able to make choices about how they spent their time. One person told us they enjoyed going to their day centre, and one person told us, "I go to dancing, drama group, craft sessions and pub lunches." Everyone said they were 'very happy' with all the activities they took part in. One relative told us, "[Name] gets out a lot and has a full life."

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. Staff recognised people had different levels of understanding verbal, written or pictorial information. One person showed us their pictorial guide on 'how to clean teeth well' and told us, "It helps me look after my teeth." The provider's 'how to complain or raise a concern' information was displayed for people in both a written and pictorial format. So far during 2018, no complaints had been received. The registered manager told us if any concerns were raised to them, these would be investigated.

The home did not specialise in, or offer, end of life care. However, staff told us they believed the provider's vision would be if a person's health deteriorated, every effort would be made for the person to remain at the home, if they wished to, with staff that knew them well. Staff would work alongside healthcare professionals in line with the person's 'best interests'.

## Is the service well-led?

### Our findings

At our last inspection we rated this key question as Good. At this inspection we found the service continued to be well led, with the provider and registered manager ensuring a safe, effective, caring and responsive service was provided to people. The rating remains Good.

The registered manager was responsible for two services registered with us and split their time between them. Staff told us the registered manager visited the home every other day and telephoned each day. Staff told us, "The manager doesn't mind if we telephone her, plus there is the on-call managers who are always there if needed."

The registered manager and provider understood when notifications needed to be sent to us; about specific events that happened at the service.

People and their relatives spoke in a positive way about the quality of care and support at the service. Relatives felt staff kept them informed about their family member and described them as 'very responsible.' Day to day feedback was encouraged from people, during our inspection visit we saw staff ask people how they were and if everything was okay. The provider's chief executive officer hosted 'Resident Meetings,' to give people the opportunity to them if they were happy with staff and at the home. The provider held an annual meeting for people's relatives to attend so their feedback could be given, discussed and ideas for improvements recorded and implemented. The provider also used the meeting as a forum to update people's relatives about plans for the services and improvements made.

There was a system of internal audits and checks undertaken within the home to ensure the safety and quality of the service was maintained. The registered manager told us the provider's chief executive officer had completed work recently to increase the depth of detail captured by checks, such as health and safety audits. The registered manager had started to use the new audits during December 2018. The provider's chief executive officer had completed an audit of the service during December 2018 and where actions for improvements had been identified, time scales for action were recorded and these had been met by the registered manager. The provider's Board of Trustees undertook frequent quality monitoring visits to the service and actions for improvements were recorded.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed the rating. Polesworth Group Homes has a website which provides information about their services and a link to their latest CQC rating.