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Pooleview Support Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Poole View Support Services (formerly known as Omega House) is a supported living service providing personal care to two people at the time of the inspection. The service can support up to two people. People lived in one large home together. They had their own bedrooms and shared a bathroom and lounge dining area. The provider also lived in the home. People shared the kitchen and garden with the provider.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support

People in supported living arrangements should have their care and their tenancy agreement provided to them separately. This allows them to have choices to remain in their home but seek an alternative care provider if they wish to. Because people were living in the home of the provider, this choice was not fully available to them. The provider gave assurance people could remain in their home and receive care from others if the need ever arose. The provider had not identified some concerns we found during our inspection. Systems were either not in place or not robust enough to identify some issues around procedures to ensure safe and effective care for people. We saw no evidence anyone was harmed, and the provider took immediate steps to address the concerns we highlighted. Some staff had not completed training in learning disabilities awareness but did complete an induction and ongoing training programme. People were supported by staff to pursue their interests. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment which met their sensory and physical needs. Staff enabled people to access specialist health and social care support in the community.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways which met their needs. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests tailored to them. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People received good quality care, support and treatment because staff and specialists could meet their needs and wishes. People and those important to them, were involved in planning their care. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

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

Rating at last inspection

The last rating for the service at the previous premises was good, published on 9 August 2018. This is the first inspection at the new location.

Why we inspected

The service had been open for over a year at its new location, this prompted its first inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the governance and oversight of how care is provided to people at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will work with the local authority and monitor progress to ensure the provider improves to a rating of at least good. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Pooleview Support Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living 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

Notice of inspection

We gave a short period of notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 12 May 2022 and ended on 20 May 2022. We visited the office location on 12 May 2022.

What we did before inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the

last inspection. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with both people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the provider. We reviewed a range of records. This included two people's care records and their medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. People had not been harmed but there was an increased risk that they could be.

Assessing risk, safety monitoring and management

- People's daily activity was not recorded in daily case notes. This made it difficult to evidence how staff were following people's care plan's and risk assessments to keep them safe. People told us they felt safe and happy. Staff were able to tell us about how people were supported to promote their safety. A relative told us people were safe and they had no concerns. The provider agreed to record people's weekly activities, choices and information about their wellbeing. People's care records helped them get the support they needed because they were easy for staff to access.
- People lived safely and free from unwarranted restrictions because the provider assessed and managed their safety.
- People were involved in managing risks to themselves and in taking decision about how to keep safe. This included positive risk taking with support from staff.
- People's freedom was restricted only where they were a risk to themselves or others.

Staffing and recruitment

- Two members of staff had not had their DBS (Disclosure and Barring Service) checks updated since 2015. The provider deemed them to be low risk. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Although the provider had not followed best practice and updated the DBS checks every three years, we found no evidence people had been harmed.
- Two members of staff had not completed any specific training to support people with a learning disability as part of their induction. However, staff knew how to take into account people's individual needs, wishes and goals. The provider agreed to source this training for the staff who had not completed it.
- The provider had enough staff, including for one-to-one support for people to take part in their interests and hobbies and visit places they wanted to.

Using medicines safely

- The provider was not recording the total numbers of tablets and counting them after supporting people to take their medicines. However, there had been no occurrences of people running out of medicines. The provider updated their method of recording medicines taken to include a running total.
- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). They ensured people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- The infection prevention control policy did not contain specific guidance for staff on COVID-19 transmission reduction procedures. Staff were aware of appropriate procedures to help keep people safe from COVID-19 infection as the information had been shared with them verbally as a small staff team. The provider agreed to update the infection prevention policy to reference and include specific COVID-19 guidance should people or staff need it.
- The service had good arrangements in place to keep the home clean and hygienic.
- Staff used personal protective equipment (PPE) safely and effectively.
- The service tested for infection in people using the service and staff.
- The service prevented visitors from catching and spreading infections.
- People were supported to take part in keeping their home clean and practice good hand hygiene.

Learning lessons when things go wrong

- Although there had been no incidents or safeguarding issues raised recently, the provider was able to describe how they would analyse and learn from incidents should they arise.
- Staff were aware of how to raise concerns and record incidents. They identified near misses to help keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The provider worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Some staff had not received learning disabilities specific awareness training as part of their induction. Staff showed a good knowledge of people's needs and wishes and the provider agreed to arrange this training for those who needed it.
- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. This was because staff put their learning about how people wanted to be supported into practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.
- Updated training and refresher courses helped staff continuously apply best practice.

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

- People did not have a single page summary of needs or health passport to help health professionals support them in the way they needed. They had always attended appointments with the provider or a staff member who knew them well. The provider agreed to develop health passports for people in the event they may need to be supported by health professionals in the absence of any staff or family member. This would help staff who did not know people to understand how they liked to be cared for and communicated with.
- People were supported to play an active role in maintaining their own health and wellbeing.
- The provider ensured people were provided with joined-up support so they could travel, access health centres, and social events.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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

- People had care and support plans which were personalised, holistic, strengths-based and reflected their needs including physical and mental health needs.
- People took part in reviews of their care and were assisted by family members where possible and staff.
- Care plans reflected a good understanding of people's needs, their history and how they liked to be supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals when they wanted to.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- People told us they were happy with their home environment and enjoyed spending time in their rooms.

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

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff empowered people to make their own decisions about their care and support.
- For people whom the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff knew about people's capacity to make decisions and this was documented in their care files.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff saw people as their equal and created a warm and inclusive atmosphere. One staff member told us; "They are like my family."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were patient and used appropriate styles of interaction with people.

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

- People were given time to listen and process information and respond to staff and other professionals.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- Staff were mindful of individual's sensory perception and processing difficulties.

Respecting and promoting people's privacy, dignity and independence

- People were supported to care for themselves and their home environment. They were encouraged to keep their home a clean and well-maintained place they could be proud of.
- Staff knew when people needed their space and privacy and respected this.
- People were supported and encouraged to try new experiences, which they were keen to talk about and describe to us during our visit.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- People had learnt everyday living skills and understood the importance of self-care.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. For example, a person who was fearful of attending a particular health intervention was supported over time to engage with the service. They were helped to understand the benefits of this and experienced significant improvements to their wellbeing as a result.
- Preferences (i.e. the gender of staff) were identified and appropriate staff were available to support people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff ensured people had access to information in formats they could understand. For example, their care plans and risk assessments included images to help explain the meaning of the information included.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider told us some opportunities which were available to people previously were no longer in place following the COVID-19 pandemic. Regular social engagement options in the local area were less frequent, but there were plans to return to day care centre services in the near future.
- People were supported to participate in their chosen social and leisure interests which were available, on a regular basis. For example, one person told us about how excited they were about an upcoming holiday.
- Staff helped people to have freedom of choice and control over what they did.
- People were supported when possible to maintain family relationships.

Improving care quality in response to complaints or concerns

- Staff were committed to supporting people to provide feedback so they could ensure the service worked

well for them.

- An easy read version of the complaint's procedure was available for people. A relative told us the provider had always responded to any concerns in a timely and effective way and it had not been necessary to raise complaints formally.

End of life care and support

- No one was receiving support with their end of life journey at the time of our inspection. However, people had been supported to express their wishes and make arrangements for this time.

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. This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance processes were not in place to identify the recording of medicines administered was not in line with guidance. This could have led to a failure to notice stock running low and resulted in people running out of their medicines early. There had not however been any occasions when people had run low or run out of medicines early.
- The provider had not ensured notes about people's day to day choices and well-being was recorded. This made evidencing staff were following care plans and risk assessments and supporting people in the way they wanted more difficult. It also made evidence of monitoring for changes in people's health and well-being difficult to evidence. Staff were able to tell us about ways in which people's health and care needs had changed over time, as they knew people well.
- The provider had not provided all staff with training in learning disabilities. Staff did however know people's needs and wishes well.
- The provider had not ensured care plans reflected aspirational medium- and long-term goals for people. People and staff told us about plans they had for the future.
- The provider had not ensured all staff had DBS checks updated in line with guidance. Although they had deemed the staff members to be very low risk, they had not ensured the staff remained safe to work with people. This put people at potential risk of harm.
- The provider had not updated the infection prevention control policy to provide guidance for people and staff on reducing COVID-19 transmission risk. Staff were aware of current guidance which had been shared verbally.

Governance systems had not been established to monitor and mitigate some risks to people's safety and welfare. This placed people at risk of harm. This was a breach of regulation 17 (2) (a) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The provider responded immediately to concerns raised during the inspection. Systems to record a running total of medicines were introduced. The provider agreed to take regular notes regarding people's choices and monitoring their wellbeing, these could be used to inform their reviews and plan goals. They agreed to arrange training for staff who needed it in understanding learning disabilities. The provider agreed to update the infection prevention control policy to include guidance for people and staff to reduce COVID-19 transmission risk.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- We saw the provider was very present and visible in the service, approachable and took a genuine interest in what people and their relatives and staff had to say.
- The provider worked directly with people and led by example.
- The provider and staff put people's needs and wishes at the heart of everything they did.
- The people using the service had a close relationship with the provider and staff and told us they were very happy with the support they received. Staff told us they felt supported in their role and one staff member said; "I can ask [the provider] anything."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A duty of candour incident is where an unintended or unexpected incident occurs which results in the death of someone receiving support, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The provider acted openly with people and their relatives and understood their duty of candour responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- The provider invested sufficiently in the service, working with changes and delivering improvements for people.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- The provider maintained links with local services to keep updated on events and services available in the local area for people to engage in.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems had not been established to monitor and mitigate some risks to people's safety and welfare. This placed people at risk of harm.</p>