

Pogles Wood Ltd

Pogles Wood

Inspection report

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Wimborne
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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

About the service

Pogles Wood is a care home registered for one person diagnosed with autistic spectrum disorders and learning disabilities. The home was an adapted building in a residential area of Wimborne, Dorset.

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

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 judgement about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The provider's model of care and the layout of the premises maximised people's choice, control and independence. Care was person-centred and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of management and care staff ensured the person using the service led their best life.

As a newly registered service Pogles Wood's governance systems were in the process of being introduced and had not yet fully embedded into the home. We found areas for improvement in the overall governance of the home, in recruitment and in the storage of medicines.

Staff knew the person living at Pogles Wood very well. The person received a personalised service from friendly, knowledgeable staff who treated them with patience, kindness, dignity and respect. Health and social care professionals spoke positively of the management and staff team and commented they were happy with the service and level of care given.

The person was supported by a consistent team of staff who knew them well. Appropriate staffing levels were maintained at all times to ensure the person was cared for safely.

People's healthcare needs were met, and staff supported them to see healthcare professionals when appropriate. Medicines were managed and administered safely. Improvements were needed in the storage of medicines, however the provider acted immediately during the inspection to ensure safe storage of medicines was put in place. People were supported to take their medicines safely by staff who had received the appropriate levels of training.

Staff spoke knowledgeably on how to identify and report abuse and were well supported in their roles. A regular schedule of staff supervision was being implemented and staff had received an interim appraisal. Staff received core and specialist training and support to assist the person in ways to meet their needs.

Risks to the person's health, safety and well-being were assessed, reviewed and updated.

Communication styles and methods were tailored to the individual person and staff supported people to understand the choices available to them.

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.

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

Rating at last inspection

This service was registered with us on 9 /12/2019 and this is the first inspection.

Why we inspected

This was the first planned inspection for this service since the service registered with us.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Pogles Wood

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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

Pogles Wood is a care home. People in care homes receive accommodation and nursing or 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. This service did not provide nursing care.

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

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we wanted to ensure the registered manager would be available to speak with us.

What we did before the inspection

We reviewed the information we had received about the service since they registered with us. We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met with the person who used the service and spent some time with them. We observed and listened to

how staff interacted with them. We spoke with the registered manager, three members of staff and a visiting health and social care professional.

We observed how the person was supported and reviewed a range of records. This included the person's care plans, care delivery records and medicine administration records. We also looked at records relating to the management of the service including: staffing rotas, staff recruitment, supervision and training records, premises maintenance records, staff meeting minutes and a range of the provider's policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested written feedback from eight health and social care professionals who regularly liaise with the service and received feedback from two of these. We considered their feedback when making our judgements in this report.



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 as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were safely managed and administered but improvements were needed in the storage of medicines. Medicines were stored in a lockable cupboard, but this did not meet current regulations. We discussed our findings with the registered manager who immediately ordered a new replacement medicine cabinet that complied with current medicine storage regulations.
- Staff who administered medicines had received up to date medicine training. Staff were regularly observed administering medicines to ensure they followed correct procedures. A programme of competency checks for staff was in the process of being implemented.
- We reviewed one month of medicine administration records which were correctly completed by all staff. Medicine audits were regularly completed which ensured appropriate levels of medicine stock were kept.
- Medicines were administered when the person needed them and in the most suitable format to ensure they received their medicines safely. For example, the use of dispersible tablets and liquid medicines where appropriate.

Staffing and recruitment

- There were some areas of improvement needed in the recruitment of staff. The relevant checks had been completed on staff to ensure they were safe and suitable to work in a care setting, however staff had not completed health declarations to state they were fit to carry out their role. We discussed our findings with the registered manager who ensured all staff had completed health declarations by the end of the inspection.
- One member of staff's record did not have their full dates of previous employment history. This was amended with the missing information and forwarded to us immediately after the inspection.
- There was a stable, experienced staff team that provided consistent support and care. Where the person was assessed as needing specific staffing ratios, to meet their care needs and when going out into the community, this was always provided. Staff knew the person well, spent time with them and supported them in ways they preferred without rushing them.
- A member of staff told us, "Our staffing levels are all ok. There are always two staff to support [person] at all times and we can use the bank staff for cover and annual leave."
- The service did not use agency staff. Staff absences were covered by the existing staff team or by using the same two bank staff. This meant the person always received care and support from staff they knew and trusted.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place. Staff had been trained and spoke knowledgeably about how to recognise the different types of abuse and knew how to report any concerns.
- A safeguarding policy gave staff clear guidance to follow if they needed to refer any concerns to the local authority.

Assessing risk, safety monitoring and management

- There was a system of risk assessments in place. Risks to the person and the service were managed so that people were protected and given appropriate care and support.
- The person was supported by a staff team that knew them very well, staff knew how the person preferred to be supported to remain safe.
- The premises were in the final stages of a major refurbishment and building works. There were systems in place to ensure the premises were maintained safely. There were personalised plans for the person to ensure a safe evacuation from the premises in an emergency such as a fire.
- Up to date service and maintenance certificates relating to, gas, hoisting and lifting equipment and wheelchairs were available. Portable appliance testing and Legionella testing had been scheduled for the following month. Legionella are water borne bacteria that can be harmful to people's health.
- The registered manager had contacted the local fire brigade to update their fire risk assessment following the recent refurbishment.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The provider was in the process of updating their infection prevention and control policy.

Learning Lessons when things go wrong

- There was a procedure for reporting and recording accidents and incidents. The provider had not had any incidents or accidents regarding harm to people. The registered manager explained the process that would be followed to ensure accidents and incidents would be regularly reviewed to check for emerging trends or themes.
- Accidents and incidents would be seen as an opportunity to reflect on practice and continually improve outcomes.

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.

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

- The provider worked closely with health and social care professionals to make sure the person's physical, emotional and social needs were fully assessed to enable an effective transition into the service.
- One health and social care professional commented, "It's very [name of person] centred and has really good continuity of care which is really important for [person]."
- Assessments were unique to the person and contained information and guidance for staff to follow to ensure the person was effectively supported in ways they preferred.
- The person was supported to be themselves and wherever possible, given access to information and support to live their lives as they chose. This included them being provided with support to consider all aspects of their gender and disability.

Staff support: induction, training, skills and experience

- Effective care and support was provided from competent, knowledgeable and skilled staff who had the relevant skills and qualifications to meet the person's needs.
- Staff spoke positively regarding the induction process and training courses they had received. Staff spent time shadowing more experienced staff, so they got to know the person well before caring and supporting them independently.
- One member of staff told us, "I completed 17 specific courses and completed the care certificate. It was a nice refresher training with all 17 units as well. It was good to go back in and have a good refresh of all the training, it was really useful."
- Staff had completed the care certificate. The care certificate is a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working lives.
- The provider took an active and supportive role in encouraging staff to develop. The registered manager was in the process of completing their level five diploma in Health and Social Care. The remaining staff had all completed diploma's in Health and Social Care.
- Staff told us they felt well supported in their roles and had received informal supervision sessions and an appraisal meeting which they found to be helpful and supportive. The sessions were used to develop and motivate staff, reviewing their practice and checking if staff wanted to progress further or develop specific skills or training related to their interests.
- During the COVID-19 pandemic, some staff had been furloughed and had not been working at Pogles Wood for those periods. This had impacted on the amounts of supervision meetings staff had been able to complete. The registered manager told us they would be putting a forward plan of supervisions in place to ensure staff received these regularly.

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

- Staff supported the person to receive all of their nutrition and hydration through a percutaneous endoscopic gastronomy (PEG). A PEG is a procedure to place a feeding tube. The tube allows people to receive nutrition directly through to their stomach.
- Staff had received training on feeding the person through their PEG. Staff spoke knowledgeably regarding the processes used to ensure the PEG was kept clean and flushed through as per current guidelines.
- Clear guidance was available for staff to ensure all aspects of the use of the PEG were followed safely and effectively.

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

- The premises were in the final stages of a schedule of refurbishment, re design and build. The provider had redeveloped the premises to accommodate the individual mobility and health needs of the person living at Pogles Wood. The ground floor provided one level access that easily accommodated the person's wheelchair to allow them ease of movement throughout the building.
- There was a supervised safe space area that allowed the person to move freely on their own without the risk of them injuring or hurting themselves. This meant they were able to enjoy a level of independence that would not normally be afforded to them and would support their sense of well-being.
- The environment provided an airy, homely and friendly atmosphere. The person had their own wet room and bedroom which were personalised and decorated to their individual taste. Communal areas were bright and comfortable which helped provide a warm and cosy atmosphere.
- The person had the use of a separate room that included a range of sensory equipment with lights and bubbles that the person really enjoyed. They particularly liked items that made musical noises and these were abundant and made available for the person at all times.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service worked collaboratively with external health and social care professionals and specialists. A range of professionals were involved in assessing, planning, implementing and evaluating the person's care and treatment to ensure people got the right healthcare. Records reflected this was the case for ongoing health and emerging issues.
- The person received the support they needed to manage their health, including arranging and attending appointments with health professionals.
- The person received an annual health check as per best practice for people with a learning disability.
- There was a hospital passport in place which gave important information about the person, their likes, dislikes and things that were important to them as well as important medical information that would be needed. This information would need to be known if the person transferred to another service such as a hospital.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training in MCA and spoke knowledgeably regarding how it applied to the person they supported at the service.
- There was a DoLS in place the local authority were in the process of updating the current DoLS to reflect changes in the person's health needs.
- Care and support records contained details of the person's level of capacity. The provider held a Court of Protection order for the person. The order gives a Deputy, appointed by the Court, the permission to manage the affairs for someone who cannot manage them themselves.
- Where the person lacked capacity to make decisions about their care and support, best interests decisions and mental capacity assessments had been made for them.
- The service involved the relevant health and social care professionals in any decisions made in the person's best interests.
- The provider had engaged the services of an independent advocate to ensure the person best interests were placed at the heart of the service. We met and spoke with them during the inspection. They told us, "I visit as and when needed, I started last year. Pogles Wood are absolutely all for [person] best interests."

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 partners in their care.

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

- Throughout the inspection we observed positive interactions between staff and the person. Staff showed genuine warmth and compassion when supporting the person.
- We observed staff treated the person with respect, kindness and care. The person appeared happy and content with all members of staff and reacted positively when they approached to provide support and care.
- Staff knew the person very well; they knew what was important to them, their likes and dislikes and respected their wishes. This enabled staff to support people in ways they preferred.
- Staff completed training in equality and diversity during their induction at the service. Staff were respectful about the person they supported. The registered manager spoke openly around how their staff team treated everyone equally, how they respected different cultures and how they had previously integrated into different cultures within the community for the benefit of the person.
- We received positive feedback from health and social care professionals regarding the care and support provided by the staff at Pogles Wood. Comments included, "[Person] gets appropriate choice and his daily life is appropriate for him, keeping him engaged... They all genuinely care and are brilliant at what they do." and, "[Person] is very well cared for and they are very skilled at knowing his specific needs."

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

- A member of staff told us, "Everything is always done with kindness, caring and understanding and being very respectful to [person] as everything is all about him and his needs. If he doesn't like something he will push away or he will ignore you completely. It takes time to get to know [person] but it is most important for [person] to get to know us, and for us to get to know him. He likes to understand us and trust us, he gets to know us by our voice and our smell, he is very sensory."
- Staff told us they support the person to make choices about what clothes to wear and what toys and activities they do by holding up options. The person will reach for the thing they want. Staff told us this works really well.
- Staff and health and social care professionals were all involved in decisions regarding ongoing care and support. Staff supported the person wherever possible to make choices affecting their daily care and support.
- Support plans considered the person's disabilities, age and gender.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance in respecting the person's rights to privacy and dignity and this was supported throughout their care and support records.
- A health and social care professional told us, "They show him dignity, respect, kindness and compassion."

- Staff respected the person's bedrooms as their private space. Staff spoke knowledgeably about respecting people's dignity and privacy. One member of staff told us, "We always ensure doors are closed when providing personal care. We are very understanding of him. It is all very visual; we watch his face and we understand his different facial expressions and watch his body language all the time. We can tell if he is unhappy by his body language and expressions."
- Personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure the person's confidentiality was maintained.

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

- Staff demonstrated a good understanding of the person's individual needs and provided personalised care.
- A health and social care professional told us, "They really understand all his care needs which are high and complex. They provide a good family environment which he would not get in any other setting."
- Care and support plans were detailed, informative and provided clear guidance for staff and reflected the person's physical, mental and social needs.
- Care and support records supported staff to understand the person's likes, dislikes and how to deliver person centred care that was tailored to the person's needs.

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.

- The service complied with the Accessible Information Standard (AIS). Staff communicated in ways that suited the person, who was unable to communicate verbally themselves.
- We observed staff communicated with the person in ways they understood. For example, through the use of touch, singing, close observation and understanding of the person's body language and facial expressions.
- Staff spoke knowledgeably regarding how they communicated with the person and how they were able to give them choices in their daily lives. A member of staff explained how they had started a mirroring exercise with the person that had provided a breakthrough in communication with them. They told us, "The mirroring exercise was great. We learned to mirror [person], we found sitting to his side was better and by mirroring his noises and laughing with him he started to communicate by copying us. It was a small change but a major breakthrough."

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 COVID-19 pandemic had resulted in major restrictions to the external activities that the person normally enjoyed. Staff told us how [person] loves car journeys, forests, woods and anywhere with trees. They explained when COVID-19 restrictions would allow [person] would be attending their activity centre which they enjoyed.
- Staff put the person at the heart of the service. Observations throughout the inspection showed staff

constantly engaging the person through singing, musical activities, use of sensory bubble machines and lights. The person loved interacting with musical and noisy items. Staff knew which items were the person's favourites and these were placed near them at all times.

- A member of staff told us, "[Person] loves going to their [activity centre]. The ethos there is so good, all the staff are on the same wavelength and the whole day is all about the people using the service and their enjoyment...it's all about [person]."
- Another member of staff said, "[Person] loves going swimming.... He loves the water, the freedom and being able to float is a really nice sensation for him. He enjoys van rides and walks down the beach. His favourite place is Boscombe pier as they have loads of sound equipment he loves anything sensory."
- The registered manager told us, "[Person] thrives in the company of people. He loves lively disco and rock music, opera and classical music. He likes cinema and watching tv and watching noisy films. He loves anything musical and noisy toys."
- Staff told us about an activity centre that ran holidays for people with limited mobility and learning disabilities. [person] had attended and had thoroughly enjoyed the experience. A member of staff said, "They had a brilliant time. I would like [person] to go again next year. They did zip lining, abseiling, boating. They did swimming at night times and had campfires. It sounded wonderful, [person] loved it."

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints. The provider had a complaints policy for people to refer to if they needed to complain. This promoted an open, supportive culture.

End of life care and support

- At the time of the inspection the service was not supporting any one with end of life care. We discussed future end of life care arrangements with the registered manager. They confirmed they would, in consultation with the person's advocate and health and social care professionals investigate putting advance care plans in place.

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 some aspects of the service management and leadership was inconsistent. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- There were areas of improvement required in the governance of the service. There were a number of quality checks and processes that were in the process of being implemented. These included, staff medicine competency checks, a forward schedule of staff supervisions, a process for analysing and reviewing incidents and accidents and quality assurance questionnaires for feedback on people's views of the service.
- These systems needed time to become established in order to be fully effective and provide an effective oversight of the service as a whole. Once fully established these systems would provide a process of continual improvement and quality assurance to ensure the quality of the provision was maintained.
- Some policies were also in the process of being updated, the registered manager gave assurances these would be completed as soon as possible.
- Staff were confident in the quality of care, support and guidance they were able to offer the person. The service gave a strong focus on person centred, individualised care. Staff felt well supported, valued and respected.
- Team meetings were held, staff felt comfortable to raise any issues or concerns and felt valued and listened to. A member of staff said, "Usually team meetings are on Friday just before we finish for the week. They sum it all up and see if any improvements or changes are needed."
- Staff told us team meetings provided a valuable time to discuss lessons learned and different ways of helping and supporting people. Staff viewed team meetings as supportive and helpful.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff and health and social care professionals told us they felt the service was well-led, with an open, honest and supportive culture and a clear management structure in place
- We received positive feedback from two health and social care professionals. Comments included, "I have no concerns at all, they are brilliant at what they do." and, "The staff are very open and honest and very willing to learn. They are learning all the time and they always take on board anything that is suggested."
- Staff told us the management team operated an approachable, open door policy and they were always available for advice and guidance. Staff felt well supported in their roles. A member of staff told us, "I'm absolutely supported. I'm also supported to develop... you are always listened to and if it is doable, it will be done."

Another member of staff told us, "I'm happy to voice any ideas, I'm always listened to and they take on

board any action if appropriate, there is an open and honest ethos."

- The provider acted in line with their duty of candour. The registered manager understood their responsibilities to be open and transparent if anything went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager told us they would be implementing a system of annual quality assurance questionnaires in place for obtaining the views of the service from health and social care professionals and staff.
- The service worked collaboratively with all relevant external stakeholders and agencies. Staff told us the support and guidance they had received had made positive impacts on the lives of the person who lived at Pogles Wood.
- The registered manager was in the process of registering with local registered managers forums. These would provide valuable support and guidance. They had already registered with independent provider associations and kept up to date through the receipt of monthly briefings from CQC, regulation and adult social care guidance documentation. When COVID-19 restrictions allow the registered manager told us they will be attending locally held forums and workshops, where good practice could be shared and discussed with all.