

Inspection Report on

Pobl Care & Support Gwent Regional partnership area

Pobl Group
Exchange House The Old Post Office
High Street
Newport
NP20 1AA

Date Inspection Completed

02/02/2023



About Pobl Care & Support Gwent Regional partnership area

Type of care provided	Domiciliary Support Service
Registered Provider	Pobl Care and Support Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	07/07/2021
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

The agency provides care and support to people wherever they live. This may be in their own flats in extra-care settings or in a home they share with others who also need support.

We found people receive consistently good support to do the things they like, to lead active lives, and to remain as healthy as possible. They benefit from a well-managed service. Care workers and managers are friendly and enthusiastic and strive to make a difference to people. Staff treat people with dignity and kindness and support them to make their own choices. People receive a service tailored to their own individual needs, likes and dislikes.

Most staff feel supported by their colleagues and by their line manager. They demonstrate a thorough knowledge of the people they support. They attend training relevant to their roles and the support they provide to people.

There are established processes in place to plan and review the care provided. The service provider continuously monitors the delivery of the service. The responsible individual (RI) maintains oversight. They have regular contact with staff, people who use the service and their relatives. We saw they continuously take action to ensure the services provided are delivered as expected by the agency and by people.

Well-being

People receive the support they need and want. They spoke with us about the different types of support they receive and speak positively about the care staff. People describe the care and support they receive as "excellent" or "good". They speak of being happy where they live and with the staff who support them. They say they are supported well, they can do what matters to them and staff are helpful. People told us: "I am happy with the staff.", "The help I get is brilliant, I have fun.", "I am happy and I am given control over what I do.", "I get the help I want, staff are friendly.". We observed staff interacting well with people and saw evidence of positive relationships. People's care documentation details what each person likes and dislikes and how they want to be supported. One person spoke with us about their interest in the Welsh language and culture, and the support they get to pursue it.

People are supported to remain physically and mentally as healthy as possible. We noted they receive varying degrees and types of support according to their own needs. We saw this can include support with personal care needs, to attend routine health appointments, to take medication, to follow a specialist diet or to talk about worries they may have. People are also supported to stay physically active and to maintain meaningful relationships with others and with family and friends. When people's needs change, referrals to relevant health professionnals are made. Discussions with people and a review of their care documentation shows they are supported to have control over their day-to-day lives and also to have aspirations for the future. This contributes to people's mental well-being.

People are protected from abuse and neglect as care staff know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. Care staff are trained in safeguarding and have clear policies and procedures to guide them. There are risk management plans in place to keep people as safe and as independent as possible. Senior staff work very well with external agencies when issues arise. People are given information about the service they can expect, how they can give feedback and who they can contact if they wish to raise a concern. This information is available in Welsh, English and in 'easy read' versions.

Care and Support

People receive the care they require. We saw the agency provides varying levels and types of support. Some people receive 24 hour support which covers all aspects of their daily living needs. Other people receive support at specific times and in the areas where they need help. We observed staff consistently interacting well with people and saw evidence of very good relationships. People spoke with enthusiasm about the support they receive, they mention being happy and getting the help they want. One person told us about being kept safe. The feedback we received from external professionnals confirms our findings. They told us the agency provides high standards of care, staff are professional, proactive and have a person centred approach to assist individuals.

Each person has a set of care documentation which contains information about them and how staff can best support them. It includes information gathered from them and from significant others, including health professionals. Their documentation gives a real sense of who they are, what they like, dislike, and what they want to achieve in life. It also outlines how best to support them. The morning routine for one person listed what made a good morning for them and things staff need to know about how to support them in the morning. Other plans reviewed related to how staff can best communicate with them, how best to support them with medicines, managing diabetes and when someone is going out. We noted personal plans highlight what people can do, want to do, and areas they need help with. Risks are acknowledged and ways to manage these are listed. We saw people's documentation is regularly reviewed which ensures it remains current. Some of the documentation we reviewed was of very high quality. The majority of documentation is good and some requires improvement to ensure timings of care calls and care routines are clearly recorded. Managers spoke about the documentation being reviewed. They felt the required records can be repetitive. We spoke with the person who leads on this work. They explained to us the model of support which is being rolled out throughout the agency. The model and tools used to implement it, reflect best practice in health and social care.

People are protected from abuse and neglect as care staff know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. Care staff are trained in safeguarding and have clear policies and procedures to guide them. The service provider consistently reports concerns/notifications to the service regulator and relevant agencies. There are risk management plans in place to keep people as safe and as independent as possible. Managers are able to identify when people's needs change. Records show they contact relevant external professionals to assist and when they are no longer able to deliver care and support safely they notify the individual, their relatives and the agency which commisions the person's package of care.

The service provider considers complaints and any issues which are brought to its attention. A commissioner told us the management team are experienced and they are

transparent if issues arise. We reviewed one instance where concerns were raised by a relative and by staff. They told us their concerns have not been followed up as they expected. We saw the provider investigated the concerns in line with their policy and procedure and a letter was sent to the relative advising them of the outcome. We discussed this with the RI and the agency's safeguarding lead. They confirmed the relative was advised of the outcomes. They also told us they have revised their processes to ensure complaints are re-considered at a later date to check whether any agreed actions have had the desired effect and have led to a long term resolution of the issues raised.

Leadership and Management

People benefit from an experienced and highly effective leadership and management team. There is a robust management structure and established systems in place to support the smooth operation of the service. The RI oversees the services provided by the agency. They oversee progress and developments, they ensure required checks and analysis are carried out and collate the views of people who use the service, their relatives, and staff. The agency has a team of assistant directors, managers and other senior staff with defined areas of responsibility in post. They are responsible for the day-to-day operation of the service. All play a part in checking the quality of care provided. We saw evidence of regular quality of care reviews and evidence of ongoing audits which take place. The agency is clear about what it stands for and what it wants to achieve, that is to provide whatever support a person needs to order for them to have a fulfilled life. Systems and processes in place to plan and deliver care are aligned with recognised best practice in health and social care. These are implemented in most of the services provided by the agency. The RI told us work is underway to ensure these are implemented by all staff across the agency. We saw the service provider has developed innovative services and continues to explore new options. An external professional told us "Staff are committed and follow through exploring new opportunities for individuals".

People are supported by staff who are fully vetted, trained, well supported and developed. The records we examined show the provider carries out the necessary checks when recruiting staff. New staff receive an induction and all staff receive training relevant to their roles. Staff told us, and records show, they receive one-to-one supervisions. We saw they have opportunities to reflect upon their practice and explore how to improve the support provided. We found the service provider must review who requires additional training in relation to professional boundaries. This was also recommended by an external professional and brought to the attention of the provider in a survey. We noted the provider started delivering further training before the inspection was completed and the report was written. We saw they developed a workbook based on Social Care Wales's code of practice for employees and managers to use on an ongoing-basis and during supervision sessions.

Many staff say they feel valued and supported and teamwork is good. Staff also say there are good opportunities for development and promotion. One person told us there is an equality and diversity policy in place and that its principles are fully implemented. We were told of recent goodwill gestures in the form of financial payments. We noted managers at all levels and care workers demonstrate interest and enthusiasm for their roles.

Staff who work in one team raised concerns in relation to how it is led and the impact this has on the care and support provided to people. We saw the concerns had been brought to the attention of local and senior managers previously. We saw these were investigated. We discussed this with the RI. They told us they have re-considered how concerns are followed up and feedback is given to staff who raise concerns. We noted an action plan has been

drawn up to address the issues specific to this team. The RI assured us this will be followed up. We further discussed with them the benefit of sharing what we saw that works well elsewhere in the agency.

Summary of Non-Compliance		
Status	What each means	
New	This non-compliance was identified at this inspection.	
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.	
Not Achieved	Compliance was tested at this inspection and was not achieved.	
Achieved	Compliance was tested at this inspection and was achieved.	

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status

N/A	No non-compliance of this type was identified at this	N/A
	inspection	

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