

Inspection Report on

Pobl Care & Support West Wales Regional Partnership Area

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

Date Inspection Completed

10/06/2024



About Pobl Care & Support West Wales 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 July 2021 |
| Does this service promote Welsh language and culture? | This service is making a significant effort to promote the use of the Welsh language and culture. |

Summary

People are happy with the care and support they receive from all staff. We found they consistently receive very good support to do the things they like, to lead active lives, and to remain as healthy as possible. We observed staff know people well, treat them with dignity and kindness and they offer reassurance when necessary. In addition, staff work effectively in collaboration with external professionals to manage risks and to meet people's needs.

The agency has established systems in place to enable them to plan, deliver and review the care and support provided to each person. They also have excellent systems to recruit, induct, train and develop staff. We noted all these systems involve people who use the service. This includes seeking people's views about their own care and support and people taking part in staff recruitment.

The service is effectively managed and overseen. Established managers and senior staff are in post. They know people who use the service well and are well regarded by them. Staff feel valued and supported in their role. The Responsible Individual (RI) visits people who receive a service and completes the required regulatory reports. The provider has many other quality of care oversight procedures in place to ensure that the service is the best it can be for people. In addition, the provider continually looks at ways to develop the service, trials new systems and adopts those which are beneficial for people who use the service.

Well-being

People have choices about the care and support they get and about doing the things they like. People spoke to us about what matters to them, how they spend their days and about the support they receive from care staff. Our observations and discussions with staff show they cater for people's preferences and because they know them well, they can anticipate their needs. We saw evidence of positive relationships between them. We noted staff support people to engage in a range of activities within their own homes and in their local area. Records show people are involved when their personal plans are set up and then regularly reviewed. When applicable, their relatives or other representatives are involved. The RI seeks feedback from people when they visit and acts when something needs to change. The Welsh language and culture are promoted in the service.

People are supported to remain physically and mentally as healthy as possible. 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, or to talk about things that matter to people. They are also supported to stay physically active, to maintain meaningful relationships with family and friends, and for some to pursue volunteering or work opportunities. 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 make plans for the future. This contributes to people's mental well-being.

People are protected from abuse and neglect. There are excellent recruitment processes in place. There are robust systems to induct and train staff so that they know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. They have clear policies and procedures to guide them. On an individual basis, 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 have support all day and in all aspects of their lives. Others receive support at specific times and in the areas where they need help. People speak positively about the support they receive; they talk about doing the things they want to do and about getting the help they need. We observed staff consistently interacting well with people and saw evidence of staff knowing people's needs and how best to communicate with them. During these interactions, we also noted the verbal exchanges heard and people's body language all indicate people are familiar with and trust staff members. One person told us "I trust the staff." Another person who started using the service recently said the support is good, they like it and they value being able to speak to a female member of staff about some of their problems.

Each person has a comprehensive 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. Risks are acknowledged and ways to manage these are listed. We saw people's documentation is regularly reviewed which ensures it remains current. The service provider is in the process of introducing a new electronic monitoring system. We spoke to a member of staff who leads on its introduction, and we reviewed the records of one person which have already been transferred onto to the new system. We noted the new system is being introduced gradually, those involved with the initial set up have been given time to familiarise themselves with the system and to support their colleagues so that they gain knowledge and confidence in using it. We saw how the system has been used to capture a person's view in real time, to illustrate with a photograph what matters to them and what staff need to look out for when supporting them. We were told the new system will give more options to people and, where relevant their representatives, to take part in the planning and reviewing of their care and support.

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. When necessary, staff work in collaboration with external professionals to manage risks and to meet people's needs. The service provider consistently reports notifiable events to the service regulator and relevant agencies.

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, ensure the required checks and analyses 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 and 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. Reports are completed as required by the regulations and are of high quality.

There are excellent systems in place to recruit, induct, train and support staff. The records we examined show the provider carries out robust checks when recruiting staff and this includes checking employment histories, obtaining references and carrying out an enhanced Disclosure and Barring Service (DBS) check. 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. They are supported to achieve recognised care qualifications. The service provider ensures staff are registered with Social Care Wales (SCW), the workforce regulator. Staff consistently told us they are supported by colleagues and senior staff. They spoke of managers being visible and available if they needed anything. One person also told us "I feel part of something with Pobl, I feel part of the organisation."

We found the service provider provides highly individualised care and support packages to people who use the service. The agency has a dedicated member of staff who looks for any technology which may increase people's levels of independence. They organise trials for them to decide for themselves whether a product is beneficial. In addition, we noted the service provider continuously looks at ways people who use the service can be involved in the running of the agency. We saw the RI involves people who use the service in their monitoring activities by jointly carrying out visits. They explained how "Experts by experience" gives them a different perspective on what they see and what they are being told. People are also involved in the review of policies, recruitment of staff and their training. We spoke to one person who accompanies the RI on their monitoring visits, they told us they feel they can talk to them and know they will take on board what they say. We also met a person who is involved in training staff and in translating information from English to Welsh. We noted both people spoke with pride about their involvement. Overall, these practices are aligned with recognised best practice in health and social care.

| 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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