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Potens Domiciliary Care

Agency

Inspection report

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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

The inspection took place on 20 and 25 April 2016. The service is registered as a domiciliary care agency and provides staff for four supported living services and three outreach services for people who have a learning disability and/or mental health needs. It is part of the range of services provided by the Wirral-based company Potensial Limited.

The service is required to have a registered manager. 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 the time of our visit the service had a registered manager who had been in post for several years. We last inspected this service on 1 November 2013 when we found compliance in all of the areas we looked at.

We spoke with the registered manager at the head office and visited the four supported living services where we met staff and people who had tenancies there. Most people were independent in daily living.

There were enough staff to meet people's support needs and the staff we spoke with had good knowledge of the people they supported. Each supported living house had its own manager, known as a coordinator. The largest service had a coordinator, a deputy coordinator and three senior support workers. The smaller services had one senior support worker. The manager told us that recruitment was on-going as it could be difficult to recruit and retain suitable staff. Bank and agency staff were used to cover shortfalls. New staff were recruited safely.

People who were supported by the service had a tenancy in a shared property. Where people lived in supported living premises, the staff who supported them carried out regular environmental health and safety checks. Staff supported people with medication and records we looked at showed that this was done safely and people received the medication prescribed by their doctor.

Staff encouraged people, and supported if needed, to attend health checks and medical appointments. The care plans we looked at gave details of people's medical history and medication, and information about the person's life and their preferences.

Various methods of monitoring the quality of the service were implemented including daily checks, monthly audits, and satisfaction surveys. A monthly key worker summary was written for each of the people who used the service and monthly tenants meetings were held. An annual satisfaction survey was conducted for people who used the service, their relatives, visiting professionals, and staff. Comments forms were readily available for visitors to the services to complete.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

All staff had received training about safeguarding and this was updated annually.

Regular environmental safety checks were carried out in the supported living properties.

There were enough staff to support people and keep them safe. New staff had been recruited safely.

Medicines were managed safely.

Is the service effective?

Good 

The service was effective.

All members of the staff team had completed the Potensial mandatory training programme and they had regular supervision meetings with their manager.

People were registered with local GP practices and were supported as needed to access community health services including dentist, chiropodist and optician, and to attend hospital appointments.

Is the service caring?

Good 

The service was caring.

The staff employed by the service were able to understand people's needs and choices and there was evident warmth and respect between the staff and the people they supported.

People were funded for one to one support by a member of staff for a number of hours each week. These hours were used to support people to go out into their community and pursue their hobbies and interests.

Is the service responsive?

Good 

The service was responsive.

People had choices in all aspects of daily living.

Each person had plans for their care and support. The care plans we looked at contained information about people's choices and preferences as well as their support needs.

The agency had policies and procedures for handling complaints.

Is the service well-led?

Good ●

The service was well led.

The service had a manager who was registered with CQC.

Regular audits were carried out to monitor the quality of the service and people who used the service were encouraged to express their views.

Potens Domiciliary Care Agency

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.

The inspection took place on 20 and 25 April 2016. We gave short notice of our intention to carry out the inspection so that we could arrange to meet the manager at the office. The inspection team consisted of an adult social care inspector and a specialist professional advisor (SPA). The SPA had experience in supporting people with learning disabilities and mental health conditions.

During our inspection we visited four supported living premises and spoke with six people who used the service and 12 members of staff. We looked at staff rotas, recruitment records for six new members of staff and staff training records. We looked at health and safety records and care records for four people. We looked at how people's medicines were managed and recorded.

Before the inspection we looked at information CQC had received about the service since our last inspection and we contacted the quality monitoring officer at Wirral Borough Council.

Is the service safe?

Our findings

The service had information about safeguarding including company policies and procedures and information from the local authority. All members of the staff team had annual training about safeguarding. Records showed that safeguarding referrals had been made to the local authority as required but were not always notified to CQC. We discussed this with the manager and clarified what should be reported to CQC.

People we met said they were safe in the houses they lived in and with the staff who supported them. We asked members of staff if they felt safe. They told us they felt safe and alarm systems were fitted in each supported living property. Personal alarms were available if needed. The coordinator at one service said they had never felt that staff were at risk and staff had never reported that they felt at risk. There was a rota of senior staff and area managers on call to provide support in case of emergency or to provide advice.

Some staff had received training in the management of actual or potential aggression (MAPA), however at one property we visited, a member of staff told us no-one who worked there was trained as they did not use any form of restraint. If a person was behaving in a threatening or aggressive manner, the staff retreated to the safest place and then called the police. The manager confirmed that this was in-line with current company policy.

There was an emergency plan for each of the supported living premises and a personal emergency evacuation plan for each person who lived there. We looked at a copy of the emergency plan for one of the houses. This was comprehensive and was updated annually, the most recent review being in November 2015. Lone worker risk assessments were recorded for each member of staff. An electronic system was in place for reporting accidents and untoward incidents.

Some people had a financial appointeeship through the local authority. The local authority paid the person's personal allowance to the provider and small amounts of money were kept in safekeeping on the premises. We saw that there was an up to date finance plan for each person which detailed their individual arrangements. There was a daily check of people's money and a full audit weekly. In one house we were told that money was checked and counted twice a day at shift handovers.

The supported living properties had 'core' staffing hours which meant that support was available 24 hours a day, seven days a week. In addition to this, people were funded for additional one to one hours that may be used for individual support within the house or to support the person in the community. People who used the outreach services had an agreed number of hours of staff support per week. Members of staff we spoke with said that people received enough staff hours to provide the support they needed.

We looked at the personnel files for six members of staff who had been employed since our last inspection. Records showed that candidates had completed application forms giving details of their education, skills, experience, qualifications and previous employment. Interview notes were retained on file. Two valid references and a Disclosure and Barring Service check were on file for each person. The person was asked to complete a medical questionnaire which enabled the provider to assess their fitness for work. In one

person's file we saw clear records of disciplinary meetings and reviews.

The staff supported people to keep their homes clean and in good repair. We saw records of daily checks including fire exits and the fire panel, and fridge and freezer temperatures. Maintenance tasks were carried out by request by the housing association that owned the property. Records we checked at one house showed that equipment and services were tested regularly as required by external contractors. The manager provided details of up to date certificates for gas safety, fire equipment, electrical installations, portable appliance testing and Legionella testing for all of the supported living properties. There was also an annual property audit that identified any improvements needed.

We looked at how people's medication was stored and administered in two of the supported living premises. People's medicines were stored securely in their rooms. We saw that the medication administration sheets were filled in properly with no gaps and that controlled drugs were stored and recorded correctly. Where people were prescribed a medicine to be given 'as required', a written protocol was in place to ensure that this was administered consistently across the staff team. One person had requested to have medication administered in a spoon of jam and we saw written consent from the person's doctor confirming that this was acceptable.

We were told that every staff member had medication training and competency assessments, and training records we looked at confirmed this. The largest premises had three floors and we were told that during the day, there was a member of staff with responsibility for medicines working on each floor. At night, the two night staff administered medicines together. We were told that nobody who the service supported was able to look after their own tablets but some people self-administered inhalers and angina sprays.

Is the service effective?

Our findings

Members of staff we spoke with said "We do loads of training every six to twelve months, moving and handling, medication, food hygiene, DoLS, MAPA and lots of others." They considered that the training gave them the knowledge and confidence to do their work and kept them informed of new things.

The training records we looked at showed that all except the newest staff had completed the Potential mandatory training programme. This included safeguarding vulnerable adults, medicines, moving and handling, first aid, fire awareness, food safety, infection control, health and safety, mental capacity and deprivation of liberty safeguards, and diet and nutrition. Some of these were refreshed annually, some every two years, and some every three years. Most members of staff had also done additional training.

Staff we spoke with said that some training was electronic and there were also 'face to face' training events at the organisation's training premises. We saw evidence of some of these training courses booked for nominated members of staff over the forthcoming year. Topics to be covered were dignity in care, food safety, fire safety, emergency first aid, personality disorder, person centred planning, self-harm, record keeping, drug and alcohol awareness, hearing voices, diabetes, epilepsy, and management of actual and potential aggression. One member of staff told us "I love the e-learning, it's really good." but another said they did not like it because "You can't discuss anything or comment on something that might need attention."

We saw evidence that new staff completed a comprehensive programme of induction training which was completed over a period of two or three months, depending on their previous experience. The coordinator at one of the houses we visited told us that new staff who were completing induction training were "very eager". New staff who did not have previous care experience were being mentored to achieve the Care Certificate.

Records we looked at showed that staff had a formal supervision meeting with a senior member of staff bi-monthly and an annual appraisal, and members of staff who we spoke with confirmed this. One of the coordinators we spoke with said that staff could request a different supervisor and could ask for additional one to one meetings if they felt they needed more support. The discussions at supervision meetings included a review of the training staff had attended and what they had learned. There was an 'employee of the month' scheme.

The supported living services varied in size and style. The smallest of the premises was a detached modern bungalow for three people. An assisted shower room had been fitted before the people moved to live at the bungalow. People who lived at this property all had different types of assistive technology to alert staff when they needed assistance, in particular during the night.

The largest house was a historic property accommodating up to 21 people. This building had been divided into small living units in which people had a spacious bedroom with en suite toilet and shower, and shared a bathroom and kitchen with one or two other tenants. Some of the rooms were on the ground floor and

accessible for people with mobility difficulties. There were also two communal lounges, and facilities for staff. Most people were fully mobile and did not require any aids or adaptations to the property.

Arrangements for meals varied across the service. Some people were independent for shopping and meal preparation, however in one of the properties we visited we were told that people had their meals together. The senior support worker at one of the supported living premises described how they had supported a person who was not eating, working together with health professionals. The person received additional support with eating and drinking and had been prescribed nutritional supplements. They were now making a good recovery. The person did not consent to being weighed, however they had increased by three clothes sizes which showed the support they received had been effective.

Is the service caring?

Our findings

We met with people at each of the properties and they told us they were happy living there and really liked their home. One person showed us their bedroom and said they had chosen their own furniture and furnishings. They were clearly very proud of their room and liked to keep it clean and tidy. Other people's bedrooms were also furnished and decorated to their taste and had personal belongings including keepsakes, pictures, DVDs and CDs.

We observed that staff were kind and good-humoured. They made sure people had enough time to make decisions for themselves and treated them with respect. Staff showed a caring attitude and sat chatting with people. We observed warm and respectful relationships between staff and people who used the service. At one of the properties we visited, female service users and staff were enjoying a pamper afternoon and were painting each other's nails.

Staff at the biggest service, which was for people with mental health needs, told us that some people had lived there for ten years or longer and most were "very private people". People's independence was promoted and respected. A member of staff told us "We are just here to see they are OK as this is the next step to independent living."

One of the properties we visited had only been opened for three weeks and the people who lived there had moved from bigger premises. The senior support worker told us how people had been supported in moving home. They had visited the new property and had been involved in planning, but on the day of the move people went out for the day to avoid any disruption to them. We looked at a memory book of photographs which had been made for each person. People told us they were very happy with their new home.

We spoke with two members of staff who supported people living in the community. They were able to tell us about individual people's needs and preferences, what activities they liked to do and what support they required. Both of these members of staff had considerable previous experience of care work and told us they enjoyed the challenge of working with different people. They told us "Every single one of them is different. We have to work out ways to motivate people to do housework, we often use banter."

Staff had attended equality and diversity training and each person had a keyworker. Staff showed good knowledge of people's support needs, including the emotional support that people required. A member of the service's staff had recently won a national care worker award. Judges had commended her 'hard work, commitment, compassion and loyalty'.

The coordinator of one of the properties we visited described how they had gone on two occasions to meet a person interested in going to live there. They had discussed the person's needs and expectations with them, and explained the support that was available, before a decision was made.

The manager told us that a service user guide was given to each person when they started using the service. The service user guide provided a clear, user-friendly description of what people could expect from the

service and outlined people's rights and responsibilities. Tenants handbooks and tenancy agreements were presented in pictorial form to help people understand them.

Personal confidential information relating to staff and service users was kept securely in the office in all of the properties we visited.

Is the service responsive?

Our findings

Each person had a care file kept in their home which contained comprehensive information about them. Because some people had been receiving a care service for many years, their files were very large. In the front of the file there was a 'one page profile' which described the person and their likes and dislikes.

The care plans we looked at were comprehensive and detailed and identified the person's individual support needs and how these needs should be met by the staff team. Care records included personal details, health and medical histories, family and support networks, daily living skills, communication and behavioural needs, hobbies and interests and each person's personal care needs, if any. Risk assessments were personalised and included mobility, cooking, medication, challenging behaviour and smoking.

We found that some care files contained out of date information and had not been reviewed and evaluated in a meaningful way. The coordinator at one house told us that they were not satisfied with the standard of some care files and they had been addressing this with the key workers responsible for the maintenance of the files. The key workers had received further training about using the electronic care planning system.

A monthly key worker summary was recorded for each person who used the service and this reviewed every aspect of the person's support. This included any medical visits, accidents or incidents, use of 'as required' medicines, review of the support plans, and review of how the person's one to one support time had been used. These were all up to date and were printed off and filed in people's care notes. This meant that, although some of the plans were required updating, current information was available for staff to read. Staff were also alerted to any changes in people's support needs by a communication book that all staff read at the beginning of their shift.

The staff we spoke with had a good knowledge of people's individual abilities and support needs. Staff offered support as needed with domestic tasks. Most people were able to do their own shopping and make their own meals but staff provided support as required by the individual. Some people were funded for one to one staff support to access activities of their choice in the community.

The records we looked at showed that people had registered with local GP practices and were supported to use other community medical services such as dentist and optician. At one of the houses we visited, we were told that an optician service would visit people at their home. People also received support from mental health professionals and staff accompanied them to attend appointments as needed. People received a service from district nurses as needed, for example at one house two people had a regular visit from a district nurse and at another we were told that one person had a regular visit to the health centre to see the nurse.

In one of the supported living properties we visited, we were told that one of the people who lived there had their own car and went out regularly with staff support. Two people went to day centres on two days a week. One person had trips out with their family. People also went to social clubs. In another house, we were told that one person did voluntary work two or three days a week.

Corporate complaints policies and procedures were in place but no complaints had been recorded since our last inspection. A complaints folder was kept at each service and any complaints received were reported to the manager as part of the service's monthly report. We saw evidence that complaints were discussed at tenants meetings and people were asked if they knew how to make a complaint and reminded of the procedure if needed.

Is the service well-led?

Our findings

The coordinator at one of the houses we visited told us that the manager visited once or twice a week and was very supportive. A monthly coordinators meeting was held. A member of staff told us they were well led by the coordinator at the house they worked in. They said the coordinator was "There if staff had any problems or needed help with any situation that might arise." Other members of staff we spoke with also said that they felt very well supported by their line manager. One member of staff gave an example that she asked for a change to her work rota and this had been done by the next week. They told us their line manager was "always at the end of the phone" and "always there for advice". The staff all seemed to get on well and enjoy working together.

Staff told us they were encouraged and supported to do further training and develop their skills. One member of staff said they had recently done a 'team leader' course. Another member of staff told us there was a sheet of paper on the wall in the office that was for staff to write down anything that they would like to discuss at the team meeting. They discussed everything that was on the paper and more, including any changes to people's care plans. Monthly staff meetings were held for each team of staff and the minutes of the meetings recorded issues that needed to be addressed.

We saw evidence that monthly tenants meetings took place in each property. One of the coordinators told us that the tenants meetings were not always well-attended so people who chose not to attend were asked for their views on an individual basis. We looked at the minutes of tenants meetings. The discussions included what people would like to do, what activities they would like to attend, what food they would like, and any complaints or concerns. Service user meetings for people who used the outreach service were done one to one. We saw the report done for February 2016, when six people had been contacted. A Potens service user forum was established in 2015 and last met February 2016. A representative from outreach and one from supported living had attended.

People who used the service were invited to give their views on an annual satisfaction survey. Questionnaires were also sent out to family members, staff, and other stakeholders and were readily available for all visitors to the houses. The manager told us that the 2016 satisfaction surveys were being sent out. They were written in an easy to read format. We saw a summary of the 2014 and 2015 surveys. In 2015, the surveys for service users recorded between 86% and 94.5% satisfaction across all of the areas looked at. The surveys for stakeholders recorded between 70% and 96% satisfaction, and the staff survey recorded between 78% to 99% satisfaction. An action plan was written for areas that needed improvement.

The provider had systems in place to monitor and assess the quality of the service provided. The company 'Annual Service Compliance and Improvement Plan' self-assessment tool was a lengthy document that was reviewed each year by the coordinator. We saw evidence of a number of audits carried out by the manager and by the staff. These included weekly and monthly pharmacy audits; daily walk around and monthly health and safety audit; a very detailed infection control audit done six monthly; and quarterly night checks at supported living properties. We looked at the most recent manager's monthly report which covered all staffing matters including recruitment, disciplinary actions and training; safeguarding; complaints; accidents

and incidents; and medication errors.

We also saw a copy of a detailed audit that had been carried out by a manager from another area in April 2016. This was part of a planned programme whereby managers employed by the provider audited each other's services. This facilitated sharing of good practice. The audit focused on experiences of service users; service user records; service user finances; medication; experience of staff; and environment health and safety. A numbers of areas for improvement were identified.

The local authority's contracts and monitoring officer had inspected the supported living service in 2015 and issued an extensive action plan which was almost completed. They told us that the manager had been very cooperative and had implemented most of the recommendations. They had also received positive feedback about the manager when they spoke to staff at the services.