

Potensial Limited

Potensial Limited - 23 Elm Road

Inspection report

23 Elm Road North
Prenton
Birkenhead
Merseyside
CH42 9PB

Tel: 01512002444

Website: www.potensial.co.uk

Date of inspection visit:

16 October 2019

21 October 2019

Date of publication:

19 December 2019

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

About the service

Potential Limited – 23 Elm Road North is registered to provide accommodation and personal care to up to six adults with a learning disability and/or autism. There were four people receiving care and support at the time of our inspection.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Family members were confident their relatives were safe and well looked after by staff at the service. Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm. Risks to people had been assessed and those identified were managed safely by competent staff. Where people required support with medication this was managed safely and in line with best practice guidance.

People's individual needs had been holistically assessed and plans of care provided clear guidance for staff to support people to achieve effective outcomes. People had regular access to health and social care professionals to ensure their needs were met and staff followed guidance where appropriate. Staff supported and encouraged people to participate in the shopping for food and the planning and preparation of meals to help develop independence.

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.

Consent for care was not always obtained in line with the principles of the Mental Capacity Act 2005 (MCA). Where people lacked the capacity to make complex decisions about their care and support, consent had been obtained from people not legally authorised to do so.

We made a recommendation regarding this.

Family members spoke positively about the caring approach of the staff team and how well they knew their relative's needs. Positive relationships had been developed between staff and people using the service. Staff were observed to be kind, caring and respectful towards people and it was clear positive relationships had been developed.

Staff were motivated to deliver care and support that was person-centred and based on people's needs and preferences. People were supported to access a range of social activities that were based on their interests

and goals. Activities were used as a way to help develop independence, skills and healthy living. Staff supported and encouraged people to maintain relationships with those close to them.

The leadership of the service promoted person-centred care and a positive culture within the staff team. Positive comments had been received by family members, staff and external organisations regarding the registered manager and the running of the service. Effective quality assurance systems supported with the continuous learning and development of the service.

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 this service was good (report published 20 April 2017)

Why we inspected - This was a planned inspection based on the previous rating.

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?

This service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

This service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

This service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

This service was responsive.

Details are on our responsive findings below.

Good ●

Is the service well-led?

This service was well-led.

Details are in our well-led findings below.

Good ●

Potensial Limited - 23 Elm Road

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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Potensial Limited - 23 Elm Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available. We also needed to be sure that people using the service were prepared for our visit to reduce any potential anxiety that may have been caused.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their 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 spoke with two family members to ask about their experiences and views of the care their relatives received. We spoke with three staff members, deputy and registered manager. We made observations throughout both days of the inspection to see how care and support was delivered. We reviewed a range of records; this included people's care records and multiple medication records. We looked at four 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.

At the last inspection this key question was rated good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Family members told us they felt reassured their loved ones were safe living at Elm Road. One family member told us "[Relative] is safe now, it has taken time but now that they [staff] know him he is safe."
- Staff received safeguarding training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident about how to report safeguarding concerns.
- The registered manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise future incidents occurring.
- Information and guidance was place for staff to safely manage situations such as an emergency or an event that may affect the running of the service.

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed and care plans provided detailed guidance for staff to keep people safe from avoidable harm.
- Risks to people were continuously reviewed and records updated to reflect any identified changes to ensure people received the right support in the least restrictive way possible.
- People were supported to take positive risks enabling them to experience independence, choice and control over their lives.

Staffing and recruitment

- Safe recruitment processes continued to be followed.
- People were supported by the right amount of suitably skilled and qualified staff. Staffing levels were based on people's needs and lifestyles. People received one-to-one support where this was required to keep them safe.
- The registered manager was in the process of trying to recruit new staff; where shortages were identified, the service used agency staff for additional support. The registered manager told us they used consistent agency staff who knew people well.

Using medicines safely

- Medicines were managed safely by trained staff; assessments were completed on a regular basis to ensure staff remained competent to safely administer medicines.
- Each person's care plan contained information and guidance around how they preferred their medicines to be administered to ensure they were given choice and control.
- Staff completed medicine administration records (MARs) where required and other relevant records had

been completed to ensure medicines remained safe to administer.

- Guidance was in place for staff to follow in relation to medicines that were to be given 'as required' (PRN). Staff ensured that certain PRN medicines for people who displayed behaviours that may challenge were only administered when absolutely necessary.

Preventing and controlling infection

- Staff received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control.
- Staff used personal protective equipment (PPE) and followed correct guidance in relation to disposal of PPE and other waste products.

Learning lessons when things go wrong

- A record of any incidents or accidents that occurred within the service was kept. These were reviewed regularly by the registered manager and area manager to identify any patterns or trends.
- Learning was also taken from events or concerns identified at other services within the provider group; information was shared with staff through meetings.

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.

At the last inspection this key question was rated good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The service was not always working in accordance with the principles of the MCA. Where people lacked the capacity to make important decisions about their care, consent had not always been signed by those with the legal authority to do so.

We recommend the provider review their processes for obtaining consent to ensure they are working within the principles of the MCA.

- Staff had completed training in relation to the MCA and understood their responsibilities.
- Staff ensured people were given choice and control over their day-to-day lives.
- Where people had a DoLS authorisation in place, the correct procedures had been followed. Any conditions attached to authorisations were considered as part of people's care and support and regularly reviewed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were holistically assessed with the involvement of people and family members. Care and support was delivered in line with best practice guidance in order to achieve effective outcomes.
- Assessments of people's care and support needs were completed before moving into the service to ensure their needs could be met.
- People's oral health was considered as part of the assessment process and guidance in place for staff to encourage and support good oral health.

- Staff knew people well and how best to meet their needs; people were encouraged and supported to learn new skills to help develop independence.

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

- Family members told us staff were always quick to respond to any identified health needs and ensured people received support when needed. One family told us "They [staff] are really good at making health appointments, they push for them and have built really good relationships with professionals."
- Care plans documented the importance of people being supported to access health appointments. Guidance was provided for staff to do this effectively without causing distress to people.
- Each person had a 'health passport' which provided health care professionals with relevant, up-to-date information about people's care and support needs, including any identified communications needs.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited staff had completed a comprehensive induction and continued to receive training relevant to their role and people's needs.
- People and family members told us they felt staff new what they were doing and supported them well. One family member told us, "They [staff] know [relative] really well now, they understand him and they know his needs."
- Staff felt supported in their role and received regular one-to-one supervision. They told us the on-going support enabled them to discuss work concerns or learning development when needed.

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

- Staff recognised the risks associated with poor food and drink take and supported people to maintain a healthy balanced diet without taking away their choice and control.
- People were supported and encouraged to participate in shopping for food and the planning and preparation of meals in order to develop and maintain independence.
- Staff had good knowledge of people's preferred food choices and dietary requirements and ensured these were provided. One family member told us "[Relative] can be difficult with his meals but they [staff] manage this and his weight well."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- Family members told us staff were kind and caring and treated their loved ones well. Comments included; "Staff understand [name] really well. They have a caring approach and positive relationships have been built" and "they [staff] are lovely, they are definitely kind and caring towards [name]."
- Warm, affectionate interactions were observed between staff and people living at the home; staff were seen to be compassionate and provided care and support in a way that made people feel at ease.
- Family members told us they were always made to feel welcome; they had got to know staff and were grateful for regular updates about their loved ones.
- We saw examples of how staff respected people's equality, diversity and human rights and were sensitive to people's diverse needs.

Respecting and promoting people's privacy, dignity and independence

- Staff were seen to be respectful of people and provided compassionate support to ensure their dignity was maintained. One Family member told us, "They [staff] are really good at managing [name] when he undresses himself. They are always really respectful."
- People were supported to be independent and were encouraged to take part in daily tasks and activities to achieve this.
- Staff ensured people's confidentiality was maintained. Care records were stored in locked cabinets and staff understood the importance of only discussing people's care and support need with relevant people.
- People were provided with advice in an easy-read format for them to understand their rights regarding information held about them and it remaining safe from people who do not require access to it.

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

- People, along with family members were encouraged to share their views about the care people received with regular reviews and meetings.
- Family members told us people were listened to. One family member told us, "They [staff] always take their time and listen to [name]."
- People were provided with information about how to access advocacy services; these services support and enable people to express their views or concerns and access relevant information.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People received care that was person-centred and based of their individual needs and preferences.
- People and family members were involved in developing their care and support; people were empowered to make choices about how they wished for this to be delivered.
- Family members told us staff knew people's needs, personalities and behaviours well and provided support in line with this. One family member told us, "It has taken time, but staff know [relative] really well. They do their best to give him the support he needs and manage his anxious behaviours."

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

- People were supported to access a range of personalised activities and encouraged to maintain hobbies and interests. They were given choice and control over the activities they took part in and staff respected their wishes if they chose not to participate.
- Staff used activities as a way to support and encourage people to develop skills and independence. People had developed social skills and confidence as a result of the consistent, personalised care they received.
- People were supported to maintain relationships with those close to them. There were no restrictions on when family could visit and where transport was an issue, staff supported this to ensure visits could take place.
- Staff worked closely with people and family members to help gradually increase the amount of time they spent together to ensure that positive relationships were maintained.

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 recognised and understood people's communication needs and difficulties and ensured they were given information in a way they would understand.
- An 'accessible information awareness' and 'communication' plan provided details around how people communicated and gave guidance to staff on how to communicate effectively. Staff used various methods to communicate with people and ensure information was understood.
- Family members told us staff knew people well and how to communicate with them in a way they understood. One family member told us, "They [staff] do really well and have got used to how [relative]

communicates."

Improving care quality in response to complaints or concerns

- People were provided with information about how to make a complaint in a way they would understand, such as easy read or pictorial format.
- Family members told us they knew who to speak to if they had any concerns and were confident these would be dealt with.
- A complaints record was maintained which provided information regarding the nature of complaint and action taken.

End of life care and support

- The service was not supporting anyone with end-of-life care, however the registered manager was aware of their responsibilities regarding this.
- People were given the opportunity to discuss their wishes and preferences for end-of-life care and what they want following their death.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a culture of person-centred care by engaging with everyone using the service, family members and staff.
- Developing people's skills, independence and social inclusion was a clear focus of the service and the registered manager supported and encouraged staff to promote this.
- Staff spoke positively about the registered manager and how things had improved since they came into post. One staff member told us "All [registered manager] wants is for people to be safe, well looked after and live a life they deserve to live. Things are so much better since [registered manager] started."
- Family members spoke positively about the registered manager and the care and support their relatives received. One family member told us, "Everyone [staff and managers] looks after [relative] really well, I can't fault the care he receives."

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

- The service regularly engaged with people and family members to obtain their views about the quality of service being provided. This was done through regular meetings and surveys. One family member told us, "I am always updated about any changes that are going to be made and [registered manager] is always asking if things my views."
- Surveys had been used as a way of gathering feedback from staff and health and social care professionals. Positive feedback had been received with one social care professional stating, "I cannot fault the efforts of the staff in support of [person's name]. Interaction is appropriate and supportive."
- The service had developed good links with the local community to promote good outcomes for people. Staff worked closely with community groups to help develop people's social skills and independence.
- Managers and staff worked closely with health and social care professionals to ensure people were provided with right care and support. Professionals were complimentary about the service and the support people received.

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

- The service was well-run with a clear management structure in place. The registered manager, deputy manager and staff understood their roles and responsibilities.
- The registered manager and deputy manager were continuously visible about the home and it was clear

people knew them well and felt comfortable in their presence. Staff described the managers as "hands-on" and "supportive and approachable".

- Family members and staff were confident in the registered manager's abilities to run the service and felt they could discuss any concerns they had. One family member told us, [Registered manager] is doing a good job of managing the home. She is very approachable and I can discuss any concerns with her.

Continuous learning and improving care; 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

- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the registered manager and provider to identify areas of improvement

- The provider was open and transparent when things went wrong and passed learning from such events to other services within the provider group to prevent incidents occurring in the future.

- The registered manager was aware of their legal requirement to notify Care Quality Commission (CQC) about certain events and submitted notifications when required.