

Potensial Limited

# Potensial Limited - 31 Balfour Road

## Inspection report

31 Balfour Road  
Birkenhead  
Wirral  
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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 

### Overall summary

The inspection took place on 9 February 2015 and was unannounced. The care home is a domestic style property in a residential area, but close to the centre of Birkenhead. The home is a large terraced property that blends in with its neighbours and is not identified as a care home. On the ground floor there was one bedroom, a comfortable lounge, a combined kitchen and dining

room, and a shower room. On the first floor there were three bedrooms, an office, and a bathroom. At the back of the house there was an enclosed yard with a storage shed, plants in pots, and a smoking shelter.

The service is registered to provide accommodation and personal care for up to four people. The people accommodated were women who had a learning disability and/or mental health needs and required 24

# Summary of findings

hour support from staff. The home is part of the range of services provided by the Wirral-based company Potensial Limited and had a manager who was registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

At the time of the inspection, four people lived at 31 Balfour Road and had lived there between two and fifteen years. There was a small team of eight staff, including the manager and a team leader. The staff we spoke with had good knowledge of the support needs of the people who lived at the home and had attended relevant training. The staff we met had a calm and caring manner.

The staff we spoke with were able to tell us how they ensured that people were protected from abuse. All staff had received training about safeguarding and this was updated every year. There were enough qualified and experienced staff to meet people's needs.

We found that the home was clean and well-maintained. Records we looked at showed that the required health and safety checks were carried out.

We found that medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

People we spoke with confirmed that they had choices in all aspects of daily living. Menus were planned weekly to suit the choices of the people who lived at the home and alternatives were always available.

People were all registered with a local GP practice and had an annual health check. 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. A 'health action plan' was in place for each person and there was a record of medical appointments people had attended.

People were encouraged to complete satisfaction surveys and we saw that people who lived at the home, staff, and stakeholders had done this. A programme of quality audits was in place to monitor the quality of the service.

# Summary of findings

## 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 safe.

The staff we spoke with were able to tell us how they ensured that people were protected from abuse. All staff had received training about safeguarding and this was updated annually.

The home was clean and well-maintained and records showed that the required safety checks were carried out.

There were enough staff to support people and keep them safe and there had been no new members of staff since our last visit.

Medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

Good



### Is the service effective?

The service was effective.

There was a small team of staff, all of whom had completed the Potensial mandatory training programme and had a National Vocational Qualification (NVQ) in care.

Menus were planned to suit the choices of the people who lived at the home and alternatives were always available. People's weights were recorded monthly.

People were all registered with a local GP practice and had an annual health check. People were supported to access community health services including dentist, chiropodist and optician.

Good



### Is the service caring?

The service was caring.

The staff working at the home were able to understand people's needs and choices and there was evident warmth and respect between the staff and the people who lived at the home.

One person was able to go out independently and the other people all had funding 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 the community.

Good



### Is the service responsive?

The service was responsive.

People had choices in all aspects of daily living and could choose what they would like to eat, what clothes they would like to wear, and whether they would like to go out or to join in any activities.

The care plans we looked at contained information about people's health needs and medication. There was a 'pen picture' providing information about the person's life and their preferences. Each person had plans for their care.

Good



# Summary of findings

We saw a copy of the home's complaints procedure and this included an easy read version to aid understanding. Records showed that one complaint received in 2014 had been responded to appropriately.

## Is the service well-led?

The service was well led.

The registered manager and the team leader worked alongside the staff. They were supported by an area manager.

People who lived at the home, staff and stakeholders were encouraged to complete an annual satisfaction survey. The results of the survey were used to identify and address any areas for improvement. Regular audits were carried out to monitor the quality of the service.

**Good**



# Potensial Limited - 31 Balfour Road

## 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 checked 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 9 February 2015 and was unannounced. The inspection was carried out by an Adult Social Care inspector and an expert by experience. An expert by experience is a person who has personal

experience of using, or caring for someone who uses this type of care service. Before the inspection we looked at information CQC had received since our last visit. We spoke with the local authority's quality assurance officer who reported no complaints or concerns about the service.

During our visit we spoke with three people who used the service and two members of staff, including the team leader. We saw written comments that had been made by relatives and by professional visitors to the service. We looked at care plans for two people who used the service, medication records, staff records, health and safety records, and management records.

# Is the service safe?

## Our findings

All of the people who spoke with the expert by experience said that they felt safe living at the home. Records we looked at showed that all staff had received training about safeguarding and this was updated annually. The home had a copy of the company's safeguarding policies and procedures and other information about safeguarding provided by Wirral Council. We contacted the quality monitoring officer at Wirral Council and they were not aware of any concerns or safeguarding issues relating to this service. Risks associated with daily living, life style choices and hobbies had been assessed and recorded in people's care notes, and actions put in place to minimise identified risks. For example, one person had a history of self harm and a behaviour management plan was in place to provide guidance for staff in dealing with this.

The support worker on duty showed us all around the building, including people's bedrooms with their consent. All areas that we saw were clean and there were no unpleasant smells in the building. We found that the home was well-maintained and provided a safe environment for people to live in. Records we looked at showed that the required health and safety checks were carried out. These included electrical installation, fire alarm, emergency lighting, fire extinguishers, portable appliances, gas, and water systems. Staff carried out and recorded a weekly test of the fire alarm and a daily check of hot water temperatures. There was a locked cupboard for in the kitchen for substances that may be hazardous to health. People who lived at the home told the expert by experience that they were aware of what to do in the event of the fire alarm going off. The home had a 'disaster box' containing information and equipment for use in case of emergency, and this was checked weekly and the mobile phone in the box recharged.

We looked at the staff rota which showed staffing levels at the home. There was always one member of staff on duty during the day and sleeping in at night. The four people

who lived at the home were mobile and independent for personal care and one member of staff was able to meet their needs. The expert by experience asked people if they thought there was enough staff to help them and they all said "yes". Three of the people who lived at the home were funded for one to one support for a number of hours each week and a weekly plan for this was in place. The one to one time was used for supporting people to go out into the community. We saw that a second member of staff came on duty at lunchtime and the overlap time was used to fulfil the one to one allocation. Additional staff were available if and when needed from a pool of bank staff employed by Potensial Limited and an on-call system was available at all times to ensure that support was available for staff working on their own.

There had been no new members of staff since our last visit, however the company had policies and procedures to be followed to ensure that when new staff were recruited the required checks were carried out.

We looked at the arrangements for the management of people's medicines. We saw that medicines were stored securely. Monthly repeat medicines were dispensed in 'pods'. These could be taken out with people as needed. In the pods there was a description of each tablet. Medicines received were checked in against the pharmacy label and the prescription and this was recorded on medicine administration sheets. Clear and detailed instructions were written for any items that were prescribed to be given 'as required' to ensure that this was done consistently. A record was kept of any items that were carried forward from one month to the next. Any unused items were recorded at the end of the month and were collected for disposal by the pharmacy. All staff took responsibility for administration of medicines and they had completed the company's medication training. None of the people living at the home were able to look after their own medicines. People told the expert by experience that the staff gave them their medications on time and safely.

# Is the service effective?

## Our findings

One person who lived at the home told the expert by experience that all the staff were good. Two people said that some staff were better than others but they were all OK. There was a small team of staff, all of whom had completed the Potensial mandatory training programme. This included safeguarding, medicines, moving and handling, first aid, fire awareness, food safety, infection control, health and safety, mental capacity and deprivation of liberty, and diet and nutrition. The home had a registered manager who also managed another small care home close by. There was also a team leader and six support workers. The manager had a national vocational qualification (NVQ) at level 4, the team leader had NVQ level 3, and all of the support workers had NVQ level 2. Most of the staff had worked at the home for several years. We saw records to show that the manager carried out an annual appraisal for each member of staff and staff had an individual supervision meeting every two months.

The team leader told us that none of the people who lived at the home had a Deprivation of Liberty Safeguard in place. One of the people who lived at the home was able to go out on her own and she told us she came and went as she wished. The other three people had support from a member of staff when going out into the community. There were no restrictions on people's movements and doors were not locked during the daytime when staff were around. People chose not to go out on their own. The company provided a 'Deprivation of Liberty Screening Checklist' that was used to identify any issues about consent that needed to be referred to the person's social worker. The team leader told us that all of the people who lived at the home had capacity to make decisions about daily living and were able to communicate their decisions. Training records showed that the staff working at the home had attended training about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Each person's care file had a 'consent' section which contained a number of forms that had been signed by the person. These included consent to staff accessing their bedroom; consent for the safekeeping of their money; consent for emergency medical treatment and first aid; consent for staff to accompany them to appointments; consent for the sharing of confidential information with professionals; and consent to staff administration of their medicines.

People who lived at the home were registered with a local health centre and had an annual health check and other visits as and when needed. For example, we saw records to show that people attended routine breast screening. People were also registered with a dentist. A chiropodist visited the house every six weeks and people used a local optician as needed. People had a 'Health Passport' that gave information about their health needs and could be used by medical services such as doctor, dentist or hospital staff. People received support from community mental health services and had an annual review with their social worker. Some people had regular visits from a community mental health nurse.

People's likes, dislikes and preferences were recorded in their care plans and were well known to all of the staff. People had whatever they wanted for breakfast and a light meal of their choice at lunchtime. A weekly menu was in place for the evening meal and this was chosen by the people who lived at the home. Food and drinks were available 24 hours a day and people had full access to provisions to make a meal or a snack. People's weights were recorded monthly and there were no concerns about anyone's appetite or weight. The team leader told us that a malnutrition screening tool was available to use if there were any concerns.

In general people did not require any aids or adaptations to the property and no special equipment was in use at the time we visited. Handrails were fitted in the bathrooms. One person told the expert by experience that she had recently been provided with a wheelchair for trips out.

# Is the service caring?

## Our findings

The expert by experience spoke with three people who lived at the home and they confirmed they had choices in all aspects of daily living and could choose what they had to eat, what time they got up and went to bed, what clothes they would like to wear, whether they would like to go out or to join in any activities in the house. Staff had attended equality and diversity training and each person had a keyworker who they could talk to about personal matters. A service users' meeting was held monthly. The team leader told us that an advocate had been used when one person had surgery requiring general anaesthetic.

We saw feedback that had been received from people's relatives and their comments included "It makes me feel good to know that you are so well looked after." and "I have never been anything but happy about all aspects of care, personnel or events that happen at Balfour Road."

Four people lived at the home. They were aged between 40 and 65 years and required 24 hour support from staff due to learning disability and, in some cases, mental health issues. Some people had limited verbal communication,

however the staff who worked at the home were able to understand people's needs and choices and there was evident warmth and respect between the staff and the people who lived at the home. We observed that staff were caring, kind and good-humoured and gave people time to make decisions for themselves. For example we heard staff asking people "Would you like some help?" We spoke with two members of staff during our visit and they showed good knowledge of the support needs of the people living at the home, including the emotional support that people required.

People were generally independent for personal care but staff encouraged them to maintain a good standard of personal care. We saw that people went to have a shower at a time of their choosing. We saw that people liked to help with household tasks and took responsibility for their own bedrooms. People's bedrooms were furnished and decorated to their taste and the expert by experience found that people's bedrooms had personal belongings including keepsakes, pictures, DVDs and CDs and everyone had their own TV and CD player in their room. There were locks on the bedroom doors that people could use if they wished to.



# Is the service responsive?

## Our findings

One person told the expert by experience that she attended college once a week and had been to see a pantomime recently. Another person said she liked to help doing the food shopping and she did that most weeks. She also enjoyed knitting. Staff members told the expert by experience that activities were person-centred so they took their lead from what people wanted to do. They went, as a group, on holiday to Wales every year which they all seemed to enjoy. One person had been on an overseas holiday with a member of staff in 2014. They had a 'pamper night' on a Friday, played board games, and sometimes went to the cinema. Birthdays were celebrated and people could choose to have a party and invite friends, or go out for a meal. Two people used to attend a local day centre but it closed down and they were now on the waiting list with another provider. People told the expert by experience that their relatives and friends could visit and were encouraged to do so. One person was being supported to attend a family funeral.

We looked at a sample of care records for two people. The records contained historic and current information and were very lengthy. Records identified people's needs and the support required to meet their needs. Care plans were written in the first person and included details about the person's interests and hobbies and their life history. A monthly key worker report reviewed every aspect of the person's support and this included any medical visits, accidents or incidents, use of 'as required' medicines, review of the support plans, and review of how the one to one staff support time had been used. People all had a living will document. We saw evidence that people had been involved in writing the plans for their support and had signed the documents.

People who spoke with the expert by experience said that they had no complaints but they would tell a staff member if they had and they felt they would sort it out. We saw that one complaint had been recorded in 2014 and this had been dealt with appropriately. The CQC has received no concerns or complaints about this service.

# Is the service well-led?

## Our findings

The home is one of a range of services provided by the Wirral-based company Potensial Limited. The home had a registered manager, who also managed another small care home close by and divided her time between the two services. She had been in post for seven years. There was also a team leader who worked full-time at the home. The home's staff were supported by an area manager and by office based senior management.

The team leader told us about how the quality of the service was monitored and showed us records of the checks that were carried out. Staff working in the service were responsible for daily and monthly health and safety checks including water temperatures and fire equipment. The manager carried out weekly audits that included medicines, service users' money and care plans. The area manager visited at least once a month and carried out audits that included care plans, medicines, money,

training, health and safety, complaints, safeguarding and notifications. We found that all records we looked at were well maintained, accurate, and readily available. Annual satisfaction questionnaires were sent to people who used the service, staff, and other stakeholders. Visitors to the service were also asked to fill in a satisfaction survey. We saw feedback from visitors to the home who commented "staff friendly and helpful" and "very homely". Comments made on the staff survey included "We have a great working team" and "Manager and senior are very supportive and approachable". Regular staff meetings were held and the staff we spoke with said they were consulted and listened to.

We looked at the minutes of monthly service user meetings, the most recent had been held on 1 February 2015. The meetings included what people would like to do, what activities they would like to attend, what food they would like, and any complaints or concerns.