Max Potential UK Ltd

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Inspection report

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20 April 2016

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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 unannounced inspection took place on 20 April 2016.This was the first inspection for this service.

The service provides respite care for up to eight people with learning and/or physical disabilities. The premises are large and have been adapted to the needs of the service, situated close to the town centre and across the road from a park.
There was a registered manager at the service. 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.

There were sufficient staff to ensure the needs of the people who used the service were attended to. We saw that the service had a robust recruitment procedure and staff undertook a thorough induction programme before commencing work. Training was on-going and included refresher courses for mandatory training and extra appropriate training.

Staff were aware of the local safeguarding policy and procedures and knew how to recognise, record and report any concerns.

Health and safety measures were in place and up to date. Robust systems were in place in relation to ordering, storage, administration and disposal of medicines.

Care plans included a range of health and personal information.

Nutritional requirements were documented and the service ensured people's nutritional and hydration needs were adhered to.

The premises were clean, tidy, spacious and fit for purpose. People with restricted mobility were able to get around easily and safely.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

People we spoke with told us staff were caring and kind. We observed staff interacting in a kind and friendly manner throughout the day.

People's privacy and dignity was respected and we saw that the staff promoted independence as much as possible.

People who used the service were included in reviews and updates to their care plans.

Care plans were person-centred and included information about people's likes and dislikes, interests, family backgrounds and personalities.

There were a wide range of activities on offer for people who used the service, as well as walks and outings.

Complaints and concerns were dealt with in a timely manner and feedback and suggestions were encouraged from interested parties, formally and informally.

Staff, relatives and health and social care professionals all described the registered manager as approachable and supportive.

The service had good links with the local community, which helped people who used the service to mix and integrate with the community.

A number of quality audits and checks were carried out by the service.
Staff meetings and supervision sessions were regularly undertaken.

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.

There were sufficient staff to ensure the needs of the people who used the service were attended to. We saw that the service had a robust recruitment procedure.

Staff were aware of the local safeguarding policy and procedures and knew how to recognise, record and report any concerns.

Health and safety measures were in place and up to date.

Robust systems were in place in relation to ordering, storage, administration and disposal of medicines.

Is the service effective?

Good

The service was effective.

Staff undertook a thorough induction programme before commencing work. Training was on-going and included refresher courses for mandatory training and extra appropriate training.

Care plans included a range of health and personal information.

Nutritional requirements were documented and the service ensured people's nutritional and hydration needs were adhered to.

The premises were clean, tidy, spacious and fit for purpose. People with restricted mobility were able to get around easily and safely.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People we spoke with told us staff were caring and kind. We

observed staff interacting in a kind and friendly manner throughout the day.

People's privacy and dignity was respected and we saw that the staff promoted independence as much as possible.

People who used the service were included in reviews and updates to their care plans.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and included information about people's likes and dislikes, interests, family backgrounds and personalities.

There were a wide range of activities on offer for people who used the service, as well as walks and outings.

Complaints and concerns were dealt with in a timely manner and feedback and suggestions were encouraged from interested parties, formally and informally.

Is the service well-led?

Good

The service was well-led.

Staff, relatives and health and social care professionals all described the registered manager as approachable and supportive.

The service had good links with the local community, which helped people who used the service to mix and integrate with the community.

A number of quality audits and checks were carried out by the service.
Staff meetings and supervision sessions were regularly undertaken.

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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 unannounced inspection was carried out on 20 April 2016 by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection the provider completed a provider information return (PIR); this is a document that gives us information about the service, what the service does well and any improvements they are planning to make. We also reviewed information we hold on the service including notifications sent to us.

During the inspection we spoke with one person who currently used the service, two relatives of people who used the short term care facility regularly and two visiting health and social care professionals who had regular contact with the service. We looked around the premises and observed interaction between staff and people who used the service. We reviewed a number of records including three care plans, three staff personnel and supervision files, training records, audits, policies and procedures.

Good

Is the service safe?

Our findings

We saw that there were a number of staff around and the person who used the service and the two relatives we spoke with told us they were always able to find a staff member, day or night, if they needed to. The registered manager told us that existing staff covered any sickness or annual leave. She was also very 'hands on' and would fill in with a working shift, including night shifts, if there were any shortfalls. This also gave her the opportunity to stay up to date with the realities of working at the service and identify any issues to be addressed.

We looked at two staff personnel files and saw that there was a robust recruitment procedure in place. Each file included a job application form, proof of identity, two written references and a Disclosure and Barring Service (DBS) check. The DBS check helps ensure people are suitable to work with vulnerable people.

We looked at care files for people who used the respite service. Appropriate risk assessments were in place within people's care files, regarding areas such as moving and handling, medicines and night management.

We saw the service's health and safety file, which contained evidence of up to date servicing of equipment, gas safety certificates, building regulation compliance and employers' liability insurance. There were up to date records of monthly fire equipment and emergency lighting tests.

There was a safeguarding file which included information about all aspects of safeguarding vulnerable adults, including how to report concerns. We spoke with three members of staff who all demonstrated an understanding of safeguarding issues and were confident to record and report any concerns. Staff were also aware of the whistle blowing policy and felt they would not hesitate to report any poor practice they may witness.

There was an up to date infection control policy and procedure at the service. Staff were required to sign an agreement to report any infection outbreaks and we saw that these signed forms were kept in each staff file. All incidents and accidents were recorded appropriately and any issues arising were addressed in a timely manner.

Each care file included a personal emergency evacuation plan (PEEP) form. This provided information about the level of assistance each person would need in the event of an emergency evacuation. We discussed with the registered manager that a 'grab file' with these forms should be kept close to the entrance of the premises for ease of access. She agreed to implement this immediately.

We saw the service's medicines policy, which was up to date and saw that each person who used the service had a medicines assessment and consent form for the administration of medicines in their care file. Consent forms were generally signed by the representative of the person who used the service, unless that person had capacity to sign for themselves.

We saw training records and all staff had undertaken level two medicines training and were competent to

administer medicines. We spoke with a member of staff who took responsibility for the oversight of medication, including ordering, disposing, storing and carrying out stock checks. They explained the systems in place at the service, which helped minimise errors, as some people came in from home with their medicines for the period of time they would be there, others who were staying for longer periods may have their medicines delivered by the pharmacy. There were robust systems for booking medicines in and out, whichever way they were received.

We saw medicines administration records (MAR) where staff recorded medicines given to people. The staff member explained how PRN medicines were administered, as these are medicines that people take as and when needed, rather than at a prescribed time. PRN medicines were recorded on the back of the MAR sheets, with times clearly documented to minimise the risk of giving too much medication. MAR sheets were checked on a daily basis to help ensure they had been given correctly and there was a protocol in place for dealing with medication errors. The local pharmacy was due to visit the service soon to offer support with any medication issues in general and look at the service's systems. The staff member we spoke with agreed to undertake monthly audits in future to provide the opportunity to analyse any patterns or trends in this area and address them in a timely way.

Good

Is the service effective?

Our findings

We looked at three care plans for people who used the respite service. These included a range of health and personal information, such as a one page personal profile, general assessments, medicines assessments, communication information, contacts, referrals to other agencies and professional correspondence. There was evidence within the files of consent being sought for personal care interventions and we saw throughout the day that staff asked people's permission before offering any intervention.

Nutritional information was held in people's files, including advice from dieticians, GPs and speech and language therapy (SALT) teams. The service ensured that people's individual nutritional needs and preferences were adhered to. Some food was cooked on the premises and there was an area within the kitchen where people using the respite service, who were able, were encouraged to prepare their own food and drinks. Once a week a cooking activity was also undertaken with people who used the service, to help enhance their skills and abilities. On certain occasions the service sent out for take away food, depending on whether this was appropriate for the people in the service. People's nutrition and hydration was monitored to help ensure their continued well-being.

We looked at three staff files and saw evidence that the induction programme was robust. Staff were facilitated to attend the local authority care certificate induction, which included all required mandatory training, as well as being given a service specific orientation.

We looked at the training records and saw that all staff had undertaken a range of training and refresher courses, including moving and handling, medication administration, infection control, emergency first aid, safeguarding adults, safe use of equipment, epilepsy awareness and autism. Some staff had recently undertaken refresher training in Mental Capacity Act (2005) (MCA) and further safeguarding adults and Deprivation of Liberty Safeguards (DoLS) courses had been requested by the service.

We saw evidence within the staff files we reviewed of regular supervision sessions. Staff also had annual appraisals to ensure their professional development was on track and training needs were addressed.

We looked around the premises which were clean and tidy, large and spacious and offered ease of access to people with restricted mobility. On the ground floor, in the main room there was a table tennis table, pool table, craft and board games area. There was a separate quiet room for people to use if they wished to and a room with a bed in it, which was used for personal care. There was also a separate sensory room with lights and tactile objects in it. This room was also used on occasions for film shows. There were toilet and shower facilities on the ground floor.

There was a lift to the upper floor, where there were bedrooms which were all large, bright and airy. Each one was decorated to a colour theme and the person who was currently using the service told us she had chosen the room she was occupying as she liked the colours. Two rooms were large enough for people to share, one having a double bed and a single bed and the other two singles. The registered manager explained that this allowed them to take couples or for people who used the service to have a 'sleepover'

with friends, as some people preferred to have respite breaks when other people they got on with were also staying.

The first floor also housed the office, a lounge, an area with a number of computers for people's use, a kitchen and toilet and showering facilities. The bathrooms were spacious and easily accessible via wheelchair.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The three staff members we spoke with had a good understanding of MCA and decision making processes. We saw that the service had applied for DoLS authorisations where these were appropriate and staff were aware of these being in place and of the techniques to use in order to keep people safe.

Good

Is the service caring?

Our findings

We spoke with the person who was currently using the service. She told us, "I like the staff. They are all nice to me. I like living here". We spoke with two visiting relatives, whose loved ones used the respite service on a regular basis. One relative said, "It feels comfortable that [our relative] is well looked after. There are good staff and I am comfortable to pop in any time". The other relative commented, "Communication is good with staff. I can trust them to look after [my relative]. Medicines are given at the right time and they give [my relative] the right food. Personal care is much better since [my relative] came here, for example brushing teeth, as they can persuade [my relative] to do these things".

We spoke with two visiting health and social care professionals. They both told us they found the staff caring and kind at the service.

We saw that all staff were required to sign a confidentiality agreement when they commenced work. There was evidence in the form of documentation that the importance of confidentiality was also stressed in staff supervision sessions and team meetings.

Privacy and dignity was respected and people were taken to a private space to receive personal care interventions. There was private space for people who used the service to meet with other professionals involved with their care, or with relatives, if they wished to.

The registered manager told us that some people had independent advocates to speak for them. They were in the process of accessing an advocate for a person who used the service at the time of the inspection.

We observed staff and people who used the service on the day of the inspection. We saw that interactions were respectful and there was a friendly and relaxed atmosphere at the service. People were free to choose what they wanted to do, and were supported to whatever extent was required to keep them happy and safe. People who used the respite service were supported to access their usual daily activities, such as going to college, whilst they were staying at the service. This provided a level of continuity for people and helped them feel secure.

We saw evidence within the care files that people were included in reviews and updates to their care plans. Some of the information within the files was in easy read format, with pictorial representations, to help ensure people were able to understand what was written there. It was evident from the documentation that people were supported to be as independent as possible, for example, being supported to make their own food and drinks and being encouraged to do as much of their own personal care as possible.

Information about the service was being updated at the time of the inspection, but was readily available to people who wished to consider the service.

Good

Is the service responsive?

Our findings

We spoke to the person who was currently using the service who told us, "I chose my own bedroom. I've got the green one. We go to the park sometimes and go into town. I like watching TV and making things and I do jigsaws. I have got a medal for playing table tennis".

One relative we spoke with told us, "The flexibility of the service is reassuring. If I can't get back in time to pick up [my relative] it is no problem. This has a positive psychological effect on the whole family". They went on to say, "[My relative] attends college. I don't need to take them or pick them up as they [the staff] do that. They deal with all the issues with college".

One of the health and social care professionals we spoke with also told us that the service was extremely flexible. They described it as very person-centred and said that the service catered very much for people's individual needs.

There were a number of activities on offer for people who used the respite service to access during the day. For example, there was table tennis, pool, film shows, crafts, board games and jig saws as well as the sensory room. There was someone attending the service on a weekly basis to facilitate table tennis sessions and computer awareness sessions and cookery sessions were also facilitated for those who wanted them. We saw that people were taken out for walks in the local park, which was just across the road, or taken to town to the shops, which was also nearby. The registered manager told us that they endeavoured to ensure people got out in the fresh air for a little while most days.

Care plans were extremely person-centred and included a range of personal information which included people's strengths, interests, family background, likes and dislikes. Care plans and risk assessments were reviewed regularly and updated as needed. The one page profile was useful as an 'at a glance' aid and could be used to send with a person to hospital if the need arose. This would help them receive appropriate care, which was tailored to their particular needs.

People's cultural and spiritual needs were respected and particular dietary requirements facilitated. People were encouraged to follow their chosen spiritual paths and the registered manager was in the process of organising church visits for a person who she had discovered this was important to.

We saw that the complaints procedure was in place and complaints and concerns were documented and responded to appropriately.

Prior to the service commencing they had held an open day for interested parties. There was a reviews/recommendations book which people had been encouraged to write in. Comments included; "Excellent facility, very spacious, lots of activities available, very impressed"; "I'm certain my [relative] is going to love it" and, "A great place, lots to do, I'm sure service users will enjoy coming here. Well catered for every individual".

Relatives were encouraged to pop in at any time and we saw that this happened on a regular basis. Feedback and suggestions were encouraged from relatives, in formal and informal ways, and the registered manager told us that a recent suggestion, to have photos of the staff for ease of identification, had been taken on board and would be implemented very soon. Questionnaires had been sent out to people's relatives recently and we saw that they were positive about the service. Comments included; "Doing a wonderful job with [relative]".

Good

Is the service well-led?

Our findings

There was a registered manager at the service. 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.

The two relatives we spoke with described the registered manager as being easy to contact and always available to them. We spoke with three staff members who all said the registered manager was fair and approachable. They told us they felt well supported and could ring the registered manager if she was not on shift for support at any time.

We spoke with two visiting health and social care professionals. They both expressed the opinion that the service was well-led and the registered manager proactive within the service. One professional told us, "[The registered manager] is really helpful and makes herself available to attend meetings. She goes above and beyond what is expected and is accommodating. She responds to emergencies and has no qualms in giving choice to people". The other professional said, "My experience of the service is very positive as it is very person-centred. There is a mix of people but they [the staff] adapt. The registered manager is accommodating, is physically here much of the time and leads by example. She is not afraid to challenge in a positive way and is strong when needed".

The registered manager was proactive in promoting the service. She had good links with schools and colleges in the area, as some of the people who used the service attended school or college and staff provided transport and support for this. The registered manager had arranged a promotional event at a local school in the near future. The service had also forged links with the local library. Some people who used the service attended regular story sessions facilitated by the library staff. Others had become library members, being supported by staff to visit the library to borrow and return books

We saw that there were a number of checks and audits in place at the service. These included monthly fire equipment and emergency lighting tests, staff spot checks and competency checks and daily medicines audits. Further audits, such as monthly medicines audits, monthly analysis of accidents and incidents, complaints and concerns were to be put in place.

Regular staff team meetings took place and issues such as record, medicines, time sheets, personal care issues, complaints and concerns and confidentiality were discussed. Staff had regular supervision sessions which helped ensure their professional practice remained on track and personal development and training was up to date and current.