

Potensial Limited

# Potensial Limited - 23 Elm Road

## Inspection report

23 Elm Road North  
Prenton  
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 17th November 2014 and was unannounced. The care home was a domestic style property in a residential area, but close to the shops and other amenities in Prenton.

The home was a large terraced property that blended in with its neighbours and was not identified as a care home. On the ground floor there were two bedrooms, a comfortable lounge, a large combined kitchen and dining

room, a small office, and a shower room. On the first floor there were four bedrooms and a bathroom. At the back of the house there was an enclosed garden and a laundry room with separate entrance. Smoking was not permitted in the house and there was a smoking shelter in the back garden.

# Summary of findings

The service was registered to provide accommodation and personal care for up to six people. The people accommodated were men who had a learning disability and/or mental health needs. The

home was 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 23 Elm Road North and had done so for several years. There was a small team of seven staff, including the manager and a team leader.

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 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.

People were encouraged to complete satisfaction surveys and we saw that people who lived at the home, staff and stakeholders had done this. The manager had taken action to address any issues raised.

# 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 which was updated annually.

We found that 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 seven staff, all of whom had completed the Potensial mandatory training programme.

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.

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.

People living at the home had a learning disability and/or mental health needs. They had lived at the home for several years. Some people had limited verbal communication, however 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 using a motorised scooter. 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.

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. People had a 'Health Passport' which gave information about their health needs and could be used by medical services such as doctor, dentist or hospital staff.

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 - 23 Elm 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 17th November 2014 and was unannounced. The inspection was carried out by one adult social care inspector. Before the inspection we looked at

information CQC had received since our last visit and information provided by the manager. We spoke with the local authority's quality assurance officer who had visited the service recently to carry out a quality assurance assessment.

During our visit we spoke with all of the 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 three people who used the service, medication records, staff records, and health and safety records.

# Is the service safe?

## Our findings

The people we spoke with said that they felt safe living at the home. One person told us “The staff are all alright, they look after us. I have never had any problems with staff.” The manager told us “Service users understand what keeping safe means and are encouraged to raise any concerns they have about this, this is discussed at meetings.” 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. Two safeguarding incidents that occurred in 2014 were reported to CQC and to the local authority and appropriate action was taken to keep people safe.

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. No special equipment was in use at the time we visited. Records we looked at showed that the required health and safety checks were carried out. Staff carried out a weekly test of the fire alarm and of hot water temperatures.

We looked at the staff rota which showed the staffing levels at the home. There were usually two staff on duty during the day and one at night, however on the day we visited there was only one member of staff on duty in the morning due to sickness. 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, however three of the people who lived at the home were funded for one to one support for a number of hours each week and

this time was used for supporting people to go out into the community. We saw that when the second member of staff came on duty at lunchtime, one person was able to go out shopping for new clothes with a support worker. 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. Three of the people who lived at the home were funded for one to one support for a number of hours each week and this time was used for supporting people to go out into the community. Additional staff were available if and when needed from a pool of bank staff employed by Potensial Limited.

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. We asked two people about their medication and they told us that they always received their medicines on time.

# Is the service effective?

## Our findings

There was a small team of seven 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. In addition, all had completed training about person-centred planning, and most had attended training about specific needs of people who used the service including mental health, diabetes and epilepsy. The home had a registered manager who also managed another small care home close by. There was also a team leader and five 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.

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. People were also registered with a dentist but did not always choose to attend. A chiropodist visited the house every six weeks and people used a local optician as needed. One person received support from an epilepsy nurse. The team leader told us that people were generally in good health although two people had diabetes, one diet controlled and one tablet controlled. One person told us that a district nurse had visited the home to change wound dressings after he had surgery. 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.

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 his own and he told us that he came and went as he wished. The other three people had support from a

member of staff when going out into the community. The team leader told us that this had been discussed with each person's social worker during recent reviews and it had been agreed that 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.

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'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. One person told us "I don't like breakfast, I just have a cup of coffee." Another person said he had enjoyed a bacon sandwich that morning. People had 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. They were also involved in preparing the meal. One person told us "I do the veg on a Sunday and I make the scouse." Another person enjoyed baking cakes. Food and drinks were available 24 hours a day and people had full access to provisions to make a meal or a snack. We observed that there was fresh fruit in a bowl on the kitchen table. People who lived at the home were also involved in shopping. People's weights were recorded monthly and there were no concerns about anyone's appetite or weight. A record was kept of what people ate each day.

In general people did not require any aids or adaptations to the property however an electrical socket had been provided outside the front door of the home to enable one person to charge his motorised scooter. Another person had a treadmill in his bedroom so that he could exercise to maintain his mobility.

# Is the service caring?

## Our findings

People who lived at the home had a learning disability and/or mental health needs and had lived at the home for several years. 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.

People were generally independent for personal care but staff encouraged them to maintain a good standard of personal care. One person told us that he usually had a shower every morning and evening. We saw that people liked to help with household tasks and took responsibility for their own bedrooms. Two people attended daytime activities each week. One person enjoyed making garden ornaments. The manager told us "We want our service users to feel part of the community and live full-filling lives and not be discriminated against. We do this by accessing

local community amenities, pubs, gym, college courses, all outcome focused." People told us that they were looking forward to a Christmas meal out at a local pub. They had a holiday every year with a member of staff. A service users' meeting was held monthly and the team leader told us that people who chose not to attend the meeting were asked individually for their views.

Staff had attended equality and diversity training and each person had a keyworker who they could talk to about personal matters. People's bedrooms were furnished and decorated to their taste, for example two had a football theme, and contained many personal belongings. There were locks on the bedroom doors that people could use if they wished to. We spoke with all of the 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. One person told us that he very much enjoyed meeting old friends and former work colleagues when he went out.



# Is the service responsive?

## Our findings

We looked at a sample of care records. The records contained historical and current information and were 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 people's interests and hobbies. Risks associated with daily living, life-style choices and hobbies had been assessed and actions put in place to minimise identified risks.

We spoke with all of the 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.

A monthly key worker summary was written for each person 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. The manager told us "All service users have a living will document and we have discussed end of life choices." There were full records of accidents and untoward incidents that had occurred. People received support from community mental health services and had an annual review with their social worker.

People we spoke with said that they had no complaints but they would speak to the manager or the team leader if they did and they were confident that any complaints would be dealt with. 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 was 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 manager told us "I am in a team of five managers in our area and we currently carry out some cross checking in each others services. We plan to extend this as we have only trailed it this year. This will be discussed at monthly managers meetings where evidence of good practice can be shared."

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.

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. The annual survey for 2014 had been completed by six people who lived at the home at that time, nine staff, and two stakeholders. The results had been analysed and showed that people were generally very satisfied with all aspects of the service. Records showed that all issues raised had been addressed in a timely manner by the manager.

The manager told us that she was constantly looking for ways to improve the service "We would like more involvement on the day to day running of the service by the service users, this will be encouraged more at service users meetings. At present the meetings are mainly around complaints, safeguarding and activities, I would like to broaden their ideas around decision making about their home, their choice and their control."