

Potensial Limited

44 Newbold Road

## Inspection report

44 Newbold Road  
Chesterfield  
Derbyshire  
S41 7PL

Tel: 01246899012  
Website: [www.potens-uk.com](http://www.potens-uk.com)

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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

### About the service

44 Newbold Road is a small residential home providing personal care to younger adults, with autism, and/or learning disabilities. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was based in a large house which currently supported two people with an additional flat attached to the property which accommodated one person. The location is registered to support nine people. Three people were using the service at the time of our inspection. The home was in a residential area with no distinctive features to indicate it was a care home.

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

People were safe, and staff understood how to raise a safeguard or how to protect people from the risk of infection. The provider assessed and managed risks to people, producing personalised risk management plans that allowed people to take positive risks while protecting them from harm. When things went wrong, they had learned from this to improve risk management plans. There were sufficient staff, and all had been recruited safely with checks in relation to references and criminal records. Medicines were managed safely.

Staff had received training for their role and understood current guidance on care for people's conditions. People were supported to make choices for their meals and their nutritional needs were considered. Health care needs were reviewed, and action taken to promote people's wellbeing. This reflected all aspects of health including oral healthcare.

People's views had been obtained to encourage or drive improvements. There was a homely atmosphere and people were able to decorate and enjoy their environment as they wished. People had established positive relationships and told us they felt staff were caring. Respect was shown to people and their dignity maintained. Information was stored securely and confidentially.

The care plans were detailed and had been reviewed to ensure any changes were documented and shared with the staff team. Communication methods used were suitable for each individual.

We have made a recommendation about recording people's preferences around end of life care. This is best practice in case a person using the service dies suddenly.

The registered manager made sure staff were well supported and aware of their responsibilities. The provider used audits effectively, to reflect on any actions or trends. There was a complaints policy in place.

The provider had sent us notifications about significant events and their outcome following their investigation and actions.

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.

The service consistently 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. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in care settings that provide care for people with, or who might have mental health problems, learning disabilities or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers for improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 03/12/2018 and this is their first inspection.

#### Why we inspected

This was a planned inspection.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 44 Newbold 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

The inspection was completed by one inspector.

#### Service and service type

44 Newbold 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.

#### Notice of inspection

This inspection was announced. We gave three working days 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 to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We gave the provider the opportunity to share with us information during the inspection. We reviewed any notifications we had received and any feedback from the local authority. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service. We spoke with two members of staff and the registered manager. We also spoke with one visiting social care professional.

We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We sought further information and feedback from health and social care professionals who regularly visited the home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt confident about the care they received. One person said, "I can feel worried and paranoid, but the staff here help me, and we do things together."
- People were protected from the risk of abuse. There was information available and a policy which described how to keep people safe from harm. Staff we spoke with, could refer to the policy and described how they would recognise signs of abuse and what actions they would take to report any concerns and to ensure people's safety was maintained.

### Assessing risk, safety monitoring and management

- People had individual risk management plans, which were designed to minimise risk from avoidable harm without restricting their freedom. These were personalised with a good level of detail around the risks that were specific to individuals. Staff we spoke with were knowledgeable about the plans and the actions to take should there be any concerns around managing such behaviours.
- Risk management was used to support people who planned to move on from the service. This meant developing daily living skills including managing tasks and financial budgets for their household. One person told us, "The support helps me to identify what risks might be present in order to move on to the next stage of my life."
- The provider assessed risks and carried out checks to make sure the home environment was safe. This included arranging for appropriately qualified professionals to check fire safety and the safety of utility supplies. Each visitor was shown the fire evacuation instructions and people living at the service had a dedicated fire evacuation plan. The home had access to a maintenance person who made sure repairs were made quickly when needed.

### Staffing and recruitment

- There were sufficient staff to support people's needs. At the time of our inspection, each person who used the service required some one-to-one staffing and rotas showed this level was met. The registered manager told us they did not use agency staff, instead had bank staff who knew the people using the service and this meant they could cover the shifts when needed.
- The provider checked new staff to make sure they were suitable to work with people. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. Recruitment processes were underway to increase the current staff team, for when new people joined the service.

### Using medicines safely

- People received their medicines as prescribed. We reviewed records which showed medicine guidance

was followed. We identified errors in relation to records for one person in relation to application of creams. The registered manager assured us this would be followed up and the required recording completed.

- Staff had received training in medicine administration and their competency had been checked.
  - People had the option of storing their prescribed medication in lockable cabinets in their bedrooms.
- Following assessment, people could take responsibility for managing their own medications which would promote their independence to manage their health.
- Where people needed as required medications (PRN), information was clear for staff to follow in the PRN protocol guidance.

#### Preventing and controlling infection

- People were protected from the risk of infection. The home appeared clean, hygienic and there were cleaning schedules in place.
- The kitchen and kitchenette areas were clean and well maintained. All staff had completed food hygiene training. People were encouraged and supported by staff, to be involved in cleaning up after making meals and maintaining a good standard of cleanliness throughout.

#### Learning lessons when things go wrong

- Staff kept detailed records of incidents, including the circumstances leading up to them and how effective planned interventions were, where relevant. This information helped the provider to learn from incidents and how staff could prevent and respond in the future.
- The registered manager was committed to driving improvement and used learning to support people more safely. They involved a psychologist in reviewing incidents and adjusting management plans where needed. This helped staff learn more about the reasons for people's behaviours, and how to offer ways of support which reduced incidents of behaviour that challenged.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed. The provider ensured the care they planned and delivered was in line with current best practice and guidance. The provider and staff knew when they needed expert advice and were good at seeking this promptly from appropriate sources. For example, the provider accessed support from different professionals to develop a person-centred specific behaviour management plan.

Staff support: induction, training, skills and experience

- People received care from staff who were suitably qualified, skilled and trained. Information relating to training was held on a central record which allowed the provider at a glance to see what training would be required and when this needed to be completed.
- Staff gave us positive feedback about the training they received, which was tailored to meet the needs of people using the service. New staff received an induction to help them get to know the service and people using it, before they could work unsupervised. There were regular evaluations during and at the end of the induction period, to identify any areas for improvement.
- The provider made sure staff received the training they needed to keep people safe and meet their basic care needs, before moving on to more specialised training.

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

- People told us they were involved in choosing and making their meal choices. This involved shopping to purchase supplies.
- Daily living skills were supported, and people were encouraged to prepare and cook their meals. Social occasions were recognised and meals out at local restaurants, as well as take-a-ways were included as part of normal routines.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager contacted previous services people had used, and their families, to gather information about how to support each person in a way that worked best for them.
- The staff worked closely with and had regular access to health and social care professionals. Staff supported people to attend appointments.
- One professional we spoke with described the service as, "Really responsive to people's needs." Another told us the staff, "Were really quick to report incidents to us and share appropriate information when required."

Adapting service, design, decoration to meet people's needs

- The home was decorated with a homely feel. There was access to all areas of the home for people, with several communal areas as well as a small kitchenette on the first floor with facilities to enable people to make drinks and snacks independently. There were separate laundry areas which encouraged people to be able to manage their own laundry with the support of staff.
- The provider had considered people's preferences and sensory needs when planning the decoration of the home. Some people had been involved in picking paint colours and furnishings when they moved in. The provider was also planning to further consult with new people to the service about how to personalise their space.
- There was a one bedroom self-contained flat at the rear of the property which was attached via a link corridor. This provided an environment to support the transition for people to become more independent, with a view to them moving on from a residential care home. We saw staff were pro-active in supporting the person to live more independently in the flat.

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

- Staff had the information they needed to meet people's day-to-day health needs, including oral health care, continence care and promoting good mental health. Each person had a health action plan, which is a personalised document with information about people's healthcare needs and how to meet them in a person-centred way.
- People received support to access the healthcare services they needed, including specialist services for people who needed them. Staff provided effective support and developed techniques to make these work for people. For example, if an appointment had not gone well staff considered what they could do differently to make the next appointment a success.

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 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 had the appropriate legal authority and were being met.

- People's capacity had been assessed in relation to decision specific needs in line with the MCA. Some people's communication impacted on them being able to be understood easily. The provider worked with a speech and language therapist when completing capacity assessments to help them support people to make informed decisions.
- We saw staff encouraged people to make daily choices and obtained consent before commencing any care support.
- DoLS authorisations were in place when required, and had been updated or reviewed. The provider worked closely with the local authority to achieve the least restrictive options for people.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People had established positive relationships with staff. We observed staff interactions with people on the day of inspection and these included aspects of banter, as well as offering support and reassurance with affection.
- People were supported to meet their spiritual and cultural needs. One person was able to visit various religious activities which was important to them. We heard people talk to staff about topics which interested them and how they were looking forward to future social events.
- Staff showed a patient and tolerant attitude when supporting people. They demonstrated how to understand people with limited communication and were able to tell us the reasons behind some of the behaviours that challenged the service. Staff communicated with people using methods appropriate to their needs.
- The registered manager told us they took diversity into account when considering all referrals to the service. They carried out a compatibility assessment for each person who was referred, to see if they were likely to fit in well with those already using the service. They also offered a period of transition, this meant people were more likely to have successful placements.

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

- People were involved in making decisions about their care. For example, behaviour management plans placed the focus on understanding feelings and supporting people to better manage their emotions. One person had been involved in creating their own tiered support plan, to assist staff identify where triggers may occur. This was helpful in identifying when a crisis may present and in reviewing the levels of support provided.
- We saw staff helped encourage people to make choices and take responsibility for tasks required to support daily living. One staff told us, "I really enjoy my job, it's nice to see people choose to do things and helps raise their level of independence."
- One healthcare professional told us the levels of communication and involvement were excellent and the team worked really well in facilitating open meetings between people, staff and professionals in order to deliver a flexible approach to the care provided.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain relationships with those important to them as the importance of regular contact with family and friends was recognised.
- People received support that promoted their independence. Staff planned household tasks, so people could participate and develop daily living skills. The service was actively supporting one person to work

towards their goal of moving on to supported living accommodation.

- Staff promoted people's privacy and confidentiality. People's information about their health and support needs was kept securely. Staff understood about data protection and ensured information was only shared as needed.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Care plans were person centred and included details about people's life and preferences. This meant staff were able to provide highly personalised care to people, because the quality of information in care plans was good.
- The provider worked with people, their families and others who knew them well, to gather information about people's support needs. There were detailed instructions for staff about exactly how to support each person. This meant staff could quickly become familiar with how to support people in a meaningful way to achieve their goals.
- A social care professional said, "They have been responsive to suggestions around support plans and things are well recorded." Another praised the service and told us, "They have a culture which is accepting of advice."
- Staff received a handover prior to them commencing their shift which provided them with an overview of any concerns, there was also a communication book for appointments and an allocation sheet for staff and required activities. This ensured people received care which was appropriate to their current needs.

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 provider worked within the principles of AIS. They looked at people's individual communication needs and what adjustments they needed to make so the information people received was accessible to them. People had communication plans, which detailed information about their communication needs, so staff could access this information when needed.
- The service was developing information in appropriate formats for people. The registered manager showed us the pictorial complaints policy, so that people using the service could easily understand how to raise a concern. They plan to develop literature about other areas to enhance understanding.

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 follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. This included support to spend time with their families and engage in activities that were important to them.
- People had opportunities to access their local community, education and day trips. The registered

manager thoroughly researched activities available in the local area and provided access to these with the company transport. We saw evidence of recent activities and trips which had occurred, and people told us they had chosen to take part in these.

Improving care quality in response to complaints or concerns

- The provider had processes in place to act on any complaints which had been received. People and staff told us they were aware of the complaint's procedure. They felt comfortable to approach the manager and were confident that their concerns would be taken seriously.

End of life care and support

- At the time of our inspection there was no one requiring end of life care. The provider had not yet explored this topic fully with people and their families as this was something people using the service were not expecting to need in the foreseeable future. However, the provider had gathered some information that would be important to people should they require care at this time, such as their religious and cultural needs

We recommend that the provider consults appropriate guidance about planning end of life care in case of an unexpected 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 service had a person-centred culture. Staff tried to create a friendly and relaxing atmosphere for people. The registered manager encouraged staff to look at their job from the perspective of people using the service, to help them understand how to work in a person-centred way. A member of staff told us, "We treat people here as we would want to be treated; making sure they always have access to their own space."
- Leadership was clearly visible, and staff told us the registered manager was approachable. One staff told us, "The registered manager always has time to speak to me and I feel able to raise any ideas or concerns."

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

- We checked our records which showed the registered manager had notified us of events in the home. A notification is information about important events which the provider is required to send to us by law, such as incidents, serious injuries and allegations of abuse. This helps us to monitor the service.

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

- The provider had clear policies and procedures to promote best practice. The registered manager took time to explain to staff why these were important. There were a range of audits to reflect on the quality of care and when improvements, or changes to processes were required.
- Staff had opportunities to discuss and reflect on incidents with the registered manager when things went wrong. They talked about what they could learn from this and what they could do to prevent things from happening again.
- The registered manager 'spot checked' staff on shift, including during night shifts. This enabled them to ensure staff were fully aware of their duties and carrying them out as planned. They also used staff meetings and handovers to share information to make sure staff were aware of key issues within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager asked people, their relatives and staff for their opinions about the service. They gathered feedback from questionnaires and used this to drive improvements.
- The service had links with the local community. There were local activities which were regularly attended which were chosen by people using the service.

- The provider had an employee wellness action plan in place and staff were actively encouraged to consider their own mental wellbeing and recognise actions they can do to support one another.

#### Continuous learning and improving care

- The provider carried out regular checks of the service to make sure people were receiving good care. This also included unannounced visits to the home by the registered manager. They had systems in place to monitor the quality and safety of the service and to ensure staff had the training and support they needed.

#### Working in partnership with others

- The provider planned and provided care in partnership with others to help ensure person-centred service was delivered in line with best practice. The registered manager gave examples of how they did this, such as by regularly meeting with involved professionals who provided input into people's care. Feedback we received from professionals involved with the service at this time was very positive.
- The registered manager had a support network consisting of other service managers within the group, who worked together to share good practice and ideas.