

Potensial Limited

Larwood House

Inspection report

1 Edison Street
Kirkby In Ashfield
Nottinghamshire
NG17 9EP
Tel: 01623752936
Website: www.potensial.co.uk

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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

We inspected the service on 23 December 2015. Larwood House is registered to accommodate up to seven people living with a learning or physical disability. The service registered with us in September 2015 and is a new service. On the day of our inspection four people were using the service.

The service had a registered manager in place at the time of our inspection. 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.

Although the service is new, we received consistently positive feedback about the way people had been supported to move into the service and about the overall quality of the service. Relatives and visiting professionals told us that the registered manager and staff had worked hard to make the transition to the new service from people’s previous placements as smooth and easy as

Summary of findings

possible. We were consistently told that people had improved significantly both emotionally and physically due to a staff team who were knowledgeable and committed to working with people who had a learning and/or physical disability.

People were supported by staff knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People lived in a service where staff valued and listened to them. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting. People were supported to enjoy a social life and to make links with their neighbours.

People were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

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.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good



Is the service effective?

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Good



Is the service caring?

The service was caring.

People lived in a service where staff valued and listened to them and cared for them in a way they preferred. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting.

Staff respected people's rights to privacy and treated them with dignity.

Good



Is the service responsive?

The service was responsive.

Staff placed people at the heart of the service and were committed to building a service which was centred on the individual and supporting them to have a fulfilling life. People were supported to have a social life and to follow their interests.

People were supported to raise issues and staff knew what to do if issues arose.

Good



Is the service well-led?

The service was well led.

People were involved in giving their views on how the service was run.

The management team were approachable and there were systems in place to monitor and improve the quality of the service.

Good



Larwood House

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.

We inspected the service on 23 December 2015. The inspection was announced. We gave 24 hours' notice of the inspection as the service is small and we wanted to be sure people would be at home. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. Because the service is new we had not

inspected before and had not received notifications. A notification is information about important events which the provider is required to send us by law. Therefore we relied on our intelligence systems to plan this inspection.

During the visit we spoke with two people who used the service. Some people who used the service had limited or no verbal communication and so we also relied on observations and spoke with the relatives of three people to get their views. We also spoke with two health and social care professionals who had recent involvement with people who used the service.

We spoke with two members of support staff and the registered manager. We looked at the care records of two people who used the service, medicines records of four people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. Two people we spoke with told us they felt safe and the relatives we spoke with also felt their relations were safe in the service. One relative told us, "I feel I can leave [relation] here and they are safe and looked after." We observed interactions between staff and people who used the service during our inspection and it was clear that people were comfortable with staff.

People were supported by staff who recognised the signs of potential abuse and how to protect people from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise allegations or incidents of abuse and to escalate concerns to the registered manager or to external organisations such as the local authority. Staff were confident that any concerns they raised with the registered manager would be dealt with straight away.

Risks to individuals were assessed and staff had access to information about how to manage the risks. For example one person was at risk of falling and there was a risk assessment in place detailing how to prevent this from happening. There were personal evacuation plans in place detailing how each person would need to be supported in the event of an emergency, such as a fire.

People were living in a safe, well maintained environment. We saw there were systems in place to assess the safety of the service such as fire risk and the risks of legionella. The provider had also engaged an external company to undertake a full health and safety inspection of the service. One recommendation was for wardrobes to be fixed to the walls in people's bedrooms to prevent accidents and we saw this had been addressed by the registered manager.

People received the care and support they needed in a timely way. The relatives we spoke with told us they felt their relation got care and support when they needed it. One relative told us, "They (staff) have time to sit with people." On the day of our visit we observed there were a number of staff available to meet the requests and needs of people. Staff were readily available to support people when they needed or requested it and staff were also available to escort people in the community.

The registered manager told us that staffing levels depended on the amount of staff needed for individual one to one activities and appointments and that this would be changed to meet the needs of people who moved into the remaining rooms in the service. Staff we spoke with said they felt there were enough staff to meet the needs of people who used the service.

People had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. We observed one person being given their medicines and we saw staff followed safe practice and were kind and patient whilst administering the medicines. Relatives we spoke with told us they were happy with the way staff managed their relation's medicines.

We found the medicines systems were well organised and safe and people were receiving their medicines as prescribed. We found and medicines were stored safely and there were weekly and monthly audits being carried out to check that medicines were being managed safely. Staff received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines.

Is the service effective?

Our findings

People were supported by staff who were trained to support them safely. Relatives we spoke with told us they felt the staff knew what they were doing. One relative told us, “Staff are very good.” We also saw that visitors had commented on ‘visitor surveys’ how professional staff were. One health and safety officer had written that Larwood was a lovely home with professional, well presented staff. A visiting health and social care professional had commented on a member of staff saying they were ‘very professional and efficient in all aspects of their work.’ We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people safely.

The registered manager told us that prior to people moving into the service, staff had been given the training they needed to ensure they knew how to do their job safely. Staff confirmed they had been given this training and said they felt the training was appropriate in giving them the skills and knowledge to support people safely. We saw records which showed that staff had been given training in various aspects of care delivery such as safe food handling, moving and handling and infection control.

Staff also told us they had completed an induction into the service. The registered manager was supporting one member of staff to complete the care certificate, which is a recognised induction. All other staff had completed another recognised qualification in health and social care. Staff we spoke with were very knowledgeable about the systems and processes in the service and about aspects of safe care delivery. Further training had also been booked for aspects of care which had been recognised as being needed once people had started to move into the service.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss development needs. Staff told us they had regular supervision from the registered manager and were given feedback on their performance.

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.

People were supported to make decisions on a day to day basis. We observed people decided how and where they spent their time and relatives we spoke with told us staff supported people to make decisions and if their relation was unable to make the decision staff acted in the person’s best interests. For example one person did not understand the risks of dressing inappropriately for the weather and the relative told us staff recognised this and supported the person to dress appropriately. They told us, “They guide [relation] in what to do.” Another relative told us, “[Relation] decides what to do and can get around wherever [relation] likes.”

We found staff that we spoke with had a good understanding of the MCA and their role in relation to this. The registered manager understood the need for capacity assessments to be completed and said that staff were getting to know people and their decision making skills. He told us that once people’s needs in this area were known, this would be assessed formally with the required assessments to ensure where people lacked the capacity to make certain decisions; these were made in their best interests.

The registered manager displayed an understanding of DoLS and had made applications for people where there were indications they may be deprived of their liberty. This meant people were not being restricted without the required authorisation.

People who sometimes communicated through their behaviour were supported by staff who recognised how to avoid this and to respond in a positive way. For example one person regularly broke one of their valued possessions and staff had taken steps to avoid this person getting

Is the service effective?

distressed when this happened. Staff had an 'emergency supply box' near to the person's bedroom so that when their possession was broken they had a spare close to hand and could replace the possession quickly. This was clearly detailed in the person's care records so that staff would know how to avoid the trigger and how to respond. A visiting health and social care professional told us that staff had a good understanding of how to manage people's individual needs around behaviour and told us this was working well with the person they were involved with and had resulted in the person accessing the community more since moving into the service.

People were supported to eat and drink enough. We spoke with people about the food and they told us they had enough to eat and we observed people had access to food when they wanted to eat. One relative told us, "[Relation] has a better appetite since moving in. The staff are working to support a healthy diet and [relation] gets enough to eat." A visiting health and social care professional told us that the person they were involved with had access to the kitchen to help themselves to food and drinks.

We saw there was a good amount of food stocks in the kitchen and this included a lot of fresh fruit and vegetables. The registered manager told us that he ensured food included a healthy balance and that he felt fresh ingredients were essential in maintaining this.

People's nutritional needs were assessed regularly and there was information in support plans detailing people's nutritional needs. One person needed a special diet and we saw they were given this on the day we visited and staff we spoke with knew about the person's nutritional needs and how to support them.

People were supported with their day to day healthcare. One relative we spoke with described how staff had struggled to get healthcare information from the service the person had previously lived in. They told us staff were working hard to assess their relations ongoing healthcare needs and plans were in place to build up a picture of what access the person needed to health care appointments. The staff we spoke with had a good knowledge and understanding of people's health conditions and knew how to support them and respond to changes in their conditions. Records showed that people were supported to attend appointments such as eye and hearing test.

Staff sought advice from external professionals when people's health and support needs changed. For example staff had involved a speech and language therapist (SALT) for one person who they deemed as being at risk of choking. We observed staff followed the recommendations from SALT. The recommendations were clearly stated in the person's care records so that staff had the guidance they needed to support the person.

Is the service caring?

Our findings

Both people we spoke with told us they were happy living at the service. Relatives were positive in their comments and they all told us they were confident their relations were happy living there. One relative told us, "I am very pleased." This relative described how their relation had not been able to see out of the window in their bedroom as it was too high. They told us their relation liked to be able to see outdoors. The registered manager had a patio door installed in this person's bedroom so that they could see out into the garden and could also exit via the patio door if they wanted to go and sit outside. Another relative told us, "They are fantastic. Very caring."

We observed staff interactions with people and we saw staff were patient and kind. People looked relaxed and comfortable with staff and greeted them with positive reactions such as smiling and holding their hand when they sat with them. Observations and discussions with staff showed that staff clearly knew people's needs and preferences. A visiting health and social care professional told us that staff had a "Thoughtful approach." They commented on how well staff knew the needs and understood how to meet them in an individualised way.

We observed people's choices were respected. One relative told us, "[Relation] has more freedom here. They listen to [relation]." Another relative told us they had observed people being given choices about what they did. One visiting health and social care professional described how one person had chosen their bedroom when they moved in and said that the registered manager had given a range of options for the person to choose from such as having a different window in their bedroom. They told us, "The environment is tailored to people's preferences and needs." There were two lounges for people to choose from and some people chose to spend time in their bedroom. We observed staff presenting visual choices to people who could not communicate well verbally. Staff told us they were developing more use of pictures to enable people to make choices in a range of areas such as food and drinks.

We saw in care records that information was recorded to ensure staff knew how individuals communicated. One person did not have any verbal communication and staff had drawn pictures of the gestures the person used to

communicate their needs and preferences. The care records of one person informed staff of a way the person communicated when they needed support. We observed the person do this on the day of our visit and we saw staff responded quickly. We saw the service had an electronic system called a 'communication imprint' which turned documents into easy read versions. Some documents such as the complaints procedure had been turned into an easy read version and there were plans to have all documentation which people who used the service would need in an easy read format.

The registered manager told us that no-one was currently using an independent advocate but that there was information available for people to inform them of advocacy services. He told us that the use of advocacy had been discussed with the staff team and that an organisation was being contacted to attend the service and speak with people about advocacy services. Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to have their privacy and were treated with dignity. We observed people were treated as individuals and staff were respectful of people's preferred needs. The relatives we spoke with told us they felt people were treated with dignity and we observed staff treating people with dignity and supporting people to make choices such as spending time alone when they wanted to. Relatives told us they felt their staff were mindful of privacy and dignity. One relative described how their relation had been assigned a specific bedroom in the service to promote their privacy and dignity.

Staff told us that the values of privacy and dignity were intertwined in the training they received and discussions with staff showed they understood the values in relation to respecting privacy and dignity. One member of staff was a 'dignity champion' and told us they used staff meetings to deliver short person centred presentations to other staff to ensure they knew the core values in relation to this. Staff described how people were supported to develop independent living skills such as one person being supported to do their own laundry. A relative confirmed what staff told us and said their relation was being supported to develop daily living skills.

Is the service responsive?

Our findings

People and their relatives were involved in planning and making choices about their care and support. One relative told us, "If I make suggestions staff listen." They gave an example of when they had suggested additions to their relations care plan and told us staff listened and acted on this straight away.

We saw that bedrooms were personalised with items chosen by people who used the service. Without exception relatives and health professionals we spoke with told us the service was tailored around people's preferences and needs. They all told us that communication was one of the things the service did well and staff also gave this feedback.

Staff told us that people chose the food menu's and one member of staff was currently taking photos to build up a portfolio of food choices to enable people who could not verbally communicate to choose the menu. People's relatives were involved in their relation's care and support. All of the relatives we spoke with told us that staff frequently communicated with them and involved them in their relations care. One relative told us, "I feel much more involved now that [relation] is here."

The registered manager told us that 'outcome focused service user reviews' would take place on a regular basis and that the first reviews would take place once people had lived in the service for three months. We saw these reviews were in people's care records in readiness for the reviews but that none had been completed as people had not yet lived in the service for three months. The reviews were written in an easy read format which would, when the time came, support people to be involved in the review.

People's levels of independence and health were assessed and responded to by staff who recognised people's abilities and aimed to develop this. One relative described how their relation had improved since moving into the service. They told us the person had been unable to walk when they had moved in and staff had recognised the person might be able to develop this. With dedication from staff and input from external health professionals the person had gone from being transferred using equipment to being able to walk around the service with a walking aid. The relative told us, "[Relation] has come on tremendously since moving in. [Relation] was not able to sit at the dining table to eat but can do that now."

Links were made with the wider community where people lived. Because the service was new, people had not known other people in the area and the registered manager told us that they had already taken steps to create links with neighbours. For example the local shop was not accessible to people who used the service as there had not been a ramp and the registered manager had developed a relationship with the owner and the owner had installed a ramp. One relative told us this had a positive impact on their relation as they were now able to go to the shop and buy an item that they liked on a daily basis but hadn't been able to purchase until they moved into the service. An event had also been held in the service and neighbours had been invited to meet the people who used the service, along with their relatives. One relative told us, "The buffet was wonderful."

People were supported to follow their interests and take part in social activities. One person enjoyed sensory activity and we saw staff had supported them to have their preferred sensory equipment in their bedroom and on the day of our visit we observed the person spent time in their bedroom. One person went out for lunch with a member of staff and on returning they looked happy and content. Another person was supported to go out into the community to do some shopping and they told us, "[staff member] took me to have my hair cut." They were happy and smiling and had clearly enjoyed this.

One relative told us that prior to moving into the service their relation would not go out in a car and staff had worked quickly to support the person to do this. The relative told us, "I never thought it would happen so quickly, it has opened up so much for [relation] and [relation] was over the moon and felt they had achieved something." Another relative told us that staff had supported their relation to make greetings cards and said they had enjoyed this. They also told us about staff supporting their relation to play a musical instrument and we saw the person supported with this on the day we visited.

The registered manager told us a recent event had been used to gather ideas from people who used the service and their relations on holidays and social activities for people to take part in once they settled into the service. We spoke with staff and they showed us the individual activity schedule which was being developed for each person,

Is the service responsive?

based on their likes and dislikes. These would be linked to activity logs which would ensure a record was kept of people's activities so these could be assessed to ensure activities were happening as planned.

People knew what to do if they had any concerns. The people and relatives we spoke with told us they would speak to staff or the registered manager if they had a problem or concern. One person told us, "I would tell [member of staff]." One relative told us, "I would speak with [registered manager] if I had any concerns." We observed

people were comfortable approaching and speaking with staff and the registered manager. There was a complaints procedure written in an easy read format to ensure people knew how to raise concerns.

The registered manager told us they had not received any complaints since they opened the service and so we were unable to assess how well complaints would be responded to. However staff were aware of the complaints procedure and told us they would feel confident in following this and making the registered manager aware of any concerns raised.

Is the service well-led?

Our findings

People we spoke with told us they were happy living in the service and relatives we spoke with also commented positively on the service and said they felt their relation was happy there. Without exception relatives and health professionals we spoke with described how people were much happier and were making quick progress with their emotional and physical needs. One relative told us, "[Relation] is much calmer and happier since moving in. The whole family are really chuffed." A visiting health and social care professional told us, "[Person who used the service] has been able to walk much better since they moved in. Staff are not afraid to ask for information."

There was a registered manager in post and people we spoke with knew who the registered manager was and we saw they responded positively to him when he was speaking with them. Relatives were complimentary about the registered manager and told us he was always around and easy to contact. One relative told us, "He is here all the time." Another relative told us, "He has done what he promised to do. I have faith in him." A visiting health and social care professional told us, "I am massively impressed. [Registered manager] consistently has the right attitude and does the job for the right reasons." We observed the registered manager interacting with people and we saw he knew people well and engaged with them in an open and inclusive way.

People who used the service, their relations and other visitors were given the opportunity to have a say about the quality of the service. We saw that feedback forms were given to every visitor when they arrived at the service, which asked for their views of different aspects of the service such as the cleanliness and if people looked happy. We looked at the feedback forms and we saw there had been overall positive feedback. One relative had written, "[Relation] looks really well and happy. It is nice to see [relation] smiling and talking." The registered manager told us that the feedback forms would be sent to the providers head office so the provider had an overview of what people thought about the service.

Relatives we spoke with told us that when they visited they were asked by the registered manager if they were happy with the service their relation was receiving. The registered manager told us that people and relatives were asked on a regular basis if they were happy and if any improvements

were needed. One relative we spoke with told us, "[Registered manager] always speaks to me when I visit and asks how things are going." This method of gaining feedback was being used until the meetings for people who used the service and their relations commenced. We saw the first meeting was planned for January 2015 and staff told us that they were gathering agenda ideas from people who used the service and their relations. The registered provider also told us that there would be six monthly client satisfaction surveys sent to people who used the service and their relations as part of their ongoing monitoring systems.

People lived in an open and inclusive service. Staff told us they would speak up if they had any concerns and felt they would be listened to. One member of staff told us, "[Registered manager] is part of the team." They told us they felt supported and said the registered manager was approachable and if they put any ideas forward for improvement these were acted on. Staff were given the opportunity to have a say in how the service was running through regular staff meetings. We saw these meetings had been held frequently whilst the service was in its early stages of development.

The registered manager told us that when they set up the service they had worked to give staff different responsibilities such as setting up meetings and health and safety processes. This would encourage staff in developing their skills and knowledge and have ownership over the responsibilities they had. One relative told us, "They (staff) are very organised." We observed that staff worked well as a team and looked organized and happy in their role. Both of the staff we spoke with told us they were happy working in the service.

People could be confident that the quality of the service would be monitored. We looked at the systems used for monitoring the quality of the service and we saw staff completed a 'daily walkthrough' which they used to assess the cleanliness and maintenance of the environment. There were also weekly audits carried out to assess infection control and the safety of the environment, which were followed up with monthly audits. We saw these audits were effective with the service being clean, hygienic and well maintained.

The registered manager told us that a monthly quality audit was undertaken by the provider and a report given to the registered manager which detailed any improvements

Is the service well-led?

needed. We looked at the quality audit which were undertaken and saw they included discussions with people

who used the service and with staff to assess how well the service was being run. The quality audit assessed different aspects of the quality of the service such as, medicines management, finances and staff recruitment and training.