

Potensial Limited

# Merseyside Supported Living and Outreach

## Inspection report

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Date of inspection visit:  
12 December 2019

Date of publication:  
15 January 2020

### 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

Merseyside Supported Living and Outreach is a supported living service providing personal care to people living in their own homes. The service supports people who have a learning disability and/or mental health needs. At the time of our inspection the service supported 53 people living in their own homes.

People lived in a variety of properties, which were in keeping with neighbouring properties and had access to local amenities and transport. Communal areas of people's homes were shared but all had their own bedrooms.

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.

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

The service 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.

People were safeguarded from the risk of abuse and people told us they felt safe being supported by staff. One person said, "I feel safe, I get on well with the staff and I trust them." People also said that staff were always there when they needed them.

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.

People told us staff were kind, caring and listened to them. They also said that staff treated them with dignity and respect. Comments included, "I'd give them [staff] 11 out of 10. It's not a job for staff, they really care" and "They [the staff] respect me, staff treat me as an equal, they understand I have problems but respect me"

People were involved and listened to in the care planning and review process. Care plans were person-

centred and detailed. One person said, "Staff listen to me and support me how I want them to."

There was a positive culture amongst the staff at the service, which valued people as individuals and aimed to encourage and develop people's independence. People were able to give their feedback about their care and support in a variety of ways and there were good systems in place to monitor the quality of care being provided.

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 17/12/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our approach to inspecting newly registered services.

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.

# Merseyside Supported Living and Outreach

## **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

This inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. However, there was a manager in post and they were in the process of registering with CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the manager would be in the office to assist with the inspection.

Inspection activity started and ended on 12 December 2019. On the day of the inspection we visited the office location and people at their homes.

### What we did before inspection

We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

### During the inspection

We spoke with six people who were supported by the service about their experience of the care provided. We spoke with six members of staff including the manager, service coordinator, senior support workers and support workers.

We reviewed a range of records. This included six people's support plans and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision and appraisal records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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 said they felt safe being supported by staff and commented, "Yes, I do feel safe" and "I feel safe, I get on well with the staff and I trust them."
- The service had systems in place to safeguard people from the risk of abuse and took appropriate action when any such concerns arose.
- Staff understood their role and responsibility regarding safeguarding.

Assessing risk, safety monitoring and management

- The risks associated with supporting people were effectively assessed and managed.
- Risk assessments were regularly reviewed and updated to ensure staff had accurate information to support people safely and effectively.
- Staff were able to seek senior support and advice if needed via an on-call system.

Staffing and recruitment

- Systems were in place to ensure staffing levels met people's needs, which included ensuring people had the support they needed to access the local community and pursue their hobbies and interests. One person said, "The staff are always around if I need them."
- Staff were safely recruited by the service, ensuring that only people who were suitable to work with vulnerable adults were employed.

Using medicines safely

- Medicines were safely administered, stored and recorded by staff who had the required knowledge and skills.
- People were receiving their medicines as prescribed.
- Checks were regularly carried out by staff to make sure the quality and safety of medicines administration was maintained.

Preventing and controlling infection

- People were supported by staff to keep their homes safe and clean.
- Staff had received training on infection prevention and control and used personal protective equipment (PPE) when this was needed.

Learning lessons when things go wrong

- The service had effective systems in place to manage accidents and incidents, including a clear policy and guidance to support staff.

- Appropriate action was taken in response to any accidents and incidents that occurred and this information was regular reviewed by the manager and other senior managers.

# 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

- Staff assessed people's needs before they were supported by the service, which enabled them to develop person-centred care plans for people.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- New staff were appropriately inducted into their role and supported by senior staff during this process.
- Staff undertook regular training to ensure they had the knowledge and skills to meet people's needs. Staff gave us positive feedback about the training available to them.
- Staff told us they felt well-supported in their roles with regular supervisions and annual appraisals from senior staff.

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

- Staff supported and encouraged people to maintain a healthy and balanced diet and to drink enough fluids to keep hydrated. For example, staff had worked with one person who struggled to maintain a healthy weight to develop an action plan to address this, including attending cookery course and regular weight checks.
- People's care plans gave staff clear information about what support people required with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when needed to maintain their health and wellbeing. One person said, "If I'm unwell they [the staff] help me."
- Staff reminded people and, where needed, supported them to attend healthcare appointments.

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. Where people may need to be deprived of their liberty in order to receive care and treatment an application can be made to the Court of Protection who can authorise deprivations of liberty

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 consent was sought and obtained in line with the principles of the MCA.
- Staff understood their responsibilities under the principles of the MCA and ensure people's rights were protected.
- Applications and authorisations for people who had restrictions placed on their liberty were effectively monitored and managed.

# 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 told us staff were kind, caring and listened to them. One person said, "I'd give them [staff] 11 out of 10. It's not a job for staff, they really care."
- Staff were knowledgeable about the people they supported and their support needs. One person told us, "Staff know me well, they're brilliant. They regularly pop in to check I'm ok."
- People's equality and diversity needs were appropriately considered and met. For example, one person who did not speak English as their first language was supported to find and access a relevant cultural community centre.

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

- People were involved in the care planning process and in deciding how and what staff were to support them with.
- Staff respected people's choices about their care and other things, such as lifestyle choices, how they spent their time and what they chose to spend their money on.
- People were involved in making decisions about their care and, where needed, staff supported them to access additional support from independent advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. Comments included, "They [the staff] respect me, staff treat me as an equal, they understand I have problems but respect me" and "The staff know me, I can chat with them if I'm worried."
- Staff respected people's privacy and their right to be independent. For example, staff respected the privacy of people's private spaces such as their rooms and one person said, "Staff are very respectful, if I want time alone I can go to my room."
- People's confidential information, such as care plans, was stored securely and only people who required access could do so.

# 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

- People's care plans were person-centred, detailed, regularly reviewed and gave staff the information they need to safely and effectively support people.
- Records confirmed and people told us they were involved in the care planning and review process to ensure this information was an accurate reflection of their needs and choices. People commented, "Staff listen to me and support me how I want them to" and "I was involved in agreeing the care plan, they are respectful, good people [the staff]."

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.

- People's communication needs were identified and care plans gave staff the information required to effectively communicate with people.
- Staff used alternative methods of communication to help people explain their choices and feelings where needed, such as pictorial aids.

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

- Staff supported and encouraged people to maintain relationships with friends and family.
- Staff encouraged people to access their local community as independently as possible to pursue their hobbies and interests. For example, one person enjoyed busking in the local town centre.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively by the service and responded to appropriately.
- People told us they felt comfortable raising any concerns with staff. One person said, "If I'm unhappy I could mention it [to staff] and it would get sorted."

End of life care and support

- None of the people supported by the service were receiving end of life care at the time of our inspection. However, we saw that, where possible and people were willing, staff had held sensitive and proactive discussions with people about their end of life care wishes.

# 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; and how the provider understands and acts on their duty of candour responsibility

- The service had systems in place to ensure people's individual support needs were met, including a detailed and considered approach to care planning.
- There was a positive culture amongst the staff at the service, which valued people as individuals and aimed to encourage and develop people's independence.
- The registered manager understood their responsibility regarding the duty of candour and a culture of openness and transparency was promoted at the service.

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

- The service did not have a manager registered with the Care Quality Commission. However, there was a manager in post and they were in the process of registering with CQC.
- The manager had notified the CQC of all significant events which had occurred in line with their legal obligations.
- The service had a clear structure in place to support staff and manage the quality and safety of service being provided.
- Staff had access to a range of regularly reviewed policies and procedures to help guide them.

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

- People were able to give their feedback about their care and support in a variety of ways, such as regular meetings with staff who supported them and other people they lived with, known as tenants' meetings.
- Staff told us they felt well-supported in their roles by senior staff. Staff also gave positive feedback about the manager, commenting that they were accessible and helpful if needed.

Continuous learning and improving care

- The service had good systems in place to monitor, assess and improve the quality of service being provided.
- Staff received regular spot checks of their practice to ensure they were providing high-quality, safe and effective care and/or identify any areas requiring further learning and development.
- The manager attended local authority and local provider forums to share and gather information about service improvement and best practice.

#### Working in partnership with others

- Staff worked in partnership with other health and social care professionals, such as GPs, community psychiatric nurses and social workers, to ensure people's health and wellbeing was maintained.